

Reference Number	
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Youth Engagement Tool (YES) - Questionnaire

Please read each statement, and then think about your experiences in today's session. If you are not sure about the meaning of any of the words, please ask for more information. Mark the box that best describes your experience in the session that you just participated in. If you want to change any of your answers, please mark an "X" through the old response and mark the new one. Please note that higher scores are not better or worse – most people will have a mix of high and low scores, and we want to know your unique mix! Please try to be as "true to you" as possible. When you are not sure, just pick the response option that is closest to how you felt and keep moving. Thank you!

Monitoring data (these are useful in helping to interpret findings however, if you are already collecting this and are able to link it to the questionnaire responses, you do not need to include them.)

1	How old are you?	9 or less	10-12	13-15	16 or more		
2	How many hours do you attend provision in a typical week?	1 or less	2-3	4-5	6 or more		
		Never	Rarely	Sometimes	Often	Always	R
3	I felt accepted by the adult working with me (and other people who were involved).						
4	I felt excluded or disrespected by the adult working with me (or other people who were involved).						R
5	I felt like the things we did and talked about were interesting.						
6	It was hard for me to concentrate.						R
7	I enjoyed what I was doing						
8	I disliked what I was doing.						R
9	It felt challenging but not overwhelming						
10	I felt stressed out by the things we did and talked about (or other things that were happening).						R
11	I felt like my ideas and contributions were heard and respected.						
12	I felt like there were no opportunities to contribute or offer my opinions.						R
13	Please use the space below to tell us anything else you'd like us to know about your experiences in this program						