

Touchstone's Teen Outreach Program[®] (TOP) Club

Starting Information Sheet

TOP's main focus is on fostering positive youth development, enhancing life skills, boosting self-esteem, and creating a positive impact in both the community and school.

Thank you for being a part of the Touchstone Health Services TOP Program. We are so glad you are joining us. This short form asks a few demographic information. It will take approximately 1-2 minutes to complete and your answers will remain private and your participation is voluntary. Please circle one response for each question.

What is your gender?

Female

Male

Not Listed: _____

Prefer not to answer

What is your race?

White or Caucasian

Black or African American

Asian or Asian American

Native American or Alaska Native

Native Hawaiian or other Pacific Islander

More than one race

Prefer not to answer

What is your ethnicity?

Hispanic or Latino/a/x

Non-Hispanic or Non-Latino/a/x

Unknown

Prefer not to answer

What is your age?

10 or younger

11 years

12 years

13 years

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Closing Information Sheet

TOP's main focus is on fostering positive youth development, enhancing life skills, boosting self-esteem, and creating a positive impact in both the community and school.

Thank you for being a part of the Touchstone Health Services TOP Program. This short forms will ask a few questions about the program. Your responses will remain private and your participation is voluntary. Please mark one response for each question.

Please rate how much you agree or disagree with each statement in the table below.

| | Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly Disagree | Prefer not to answer |
|---|----------------|-------|---------------------------|----------|-------------------|----------------------|
| I enjoyed the program activities | | | | | | |
| I enjoyed the program topics | | | | | | |
| I enjoyed the length of the program meetings | | | | | | |
| I learned new skills during the program. | | | | | | |
| I learned better ways to communicate because of this program. | | | | | | |
| Because of this program, I know more about my personal strengths. | | | | | | |
| The program facilitator was knowledgeable and engaging. | | | | | | |

How valuable do you feel this program was for you? (Please circle one)

- Extremely Valuable
- Very Valuable
- Moderately Valuable
- Slightly Valuable
- Not at all Valuable
- Prefer not to answer

Would you recommend this program to another youth? (Please circle one)

- Yes
- No
- Prefer not to answer

Please explain why you would or would not recommend this program below.
