

Touchstone's Youth Program Closing Information Sheet

Thank you for being a part of the Touchstone Health Services Youth Program. This short form 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.
