

AGENDA of the REGULAR MEETING
of the Board of Education
Rocky Mountain School District No. 6

Rocky Mountain School District No. 6 resides in the traditional unceded shared territory of the Ktunaxa and Secwépemc peoples and the chosen home of the Métis.

Location: Video Conference Meeting
Kimberley, Golden, Invermere District Offices

Date: December 12, 2023

Time: 7:00 p.m.

1. CALL TO ORDER

2. ACKNOWLEDGEMENT OF TERRITORY

3. APPROVAL OF AGENDA

4. APPROVAL OF THE MINUTES OF PRIOR MEETINGS

4.1 Regular Board meeting of November 14, 2023

4.2 Synopsis of in-camera meeting of November 14, 2023 (Alan Rice)

5. PRESENTATIONS/DELEGATIONS

6. MATTERS ARISING FROM THE MINUTES

7. STRATEGIC AND POLICY ISSUES

7.1.1 Policies Under Review feedback NIL

7.1.2 Third Reading NIL

7.1.3 Second Reading NIL

7.1.4 First Reading (Steve Wyer)*

Policy 4400, Non-certified Teachers On-call

District Practice 4400, Non-certified Teachers On-call

8. OPERATIONAL ISSUES

8.1 Draft School Calendars Report 2024-2025; DRAFT School Calendar 2025-2026;
DRAFT School Calendar 2026-2027 (Steve Wyer)*

8.2 Research in schools proposal application (Steve Wyer)*

8.1 Groundswell Network Society request to serve alcohol at David Thompson
Secondary School (Alan Rice)*

9. REPORTS

- 9.1 Budget utilization report – November 30, 2023 (Alan Rice)*
- 9.2 Land acknowledgements (Trent Dolgopol)*
- 9.3 Technology update (Trent Dolgopol)*
- 9.4 Operational plan update (Steve Wyer)*
- 9.5 BC School Trustees Association (Jane Thurgood Sagal)
- 9.6 BC School Trustees Association, Kootenay Boundary Branch (Rhonda Smith)
- 9.7 BC Public Schools Employers Association (Scott King)

10. INFORMATION ITEMS

- 10.1 Correspondence
 - 10.1.1 Charlene Sundstrom received and responded to
 - 10.1.2 Jamie Gilles received and responded to
- 10.2 December 2023 and January 2024 calendar*

11. FORTHCOMING EVENTS

- 2023.12.25 - Winter break
- 2024.01.05
- 2024.01.09 Board of Education Meeting, Virtual
 - In-Camera, 6:00 p.m.
 - Regular Meeting, 7:00 p.m.
- 2024.01.25-26 BCPSE AGM, Virtual

12. QUESTIONS FROM THE PUBLIC

13. ADJOURNMENT

* attachment



POLICY 4400

NON-CERTIFIED TEACHERS-ON-CALL

POLICY:

In order to provide a continuous, well-directed educational program for students, the Board of Education (Board) may elect to employ non-certified teachers as per language in B22. 1 and 2 of the collective agreement between School District no. 6 (Rocky Mountain) and the Rocky Mountain Teachers' Association. ~~The Board of Education "Board"~~ approves the hiring of the best available non-certified teachers-on-call in the absence of the regular classroom teacher or a certified teacher-on-call.



DISTRICT PRACTICE 4400
NON-CERTIFIED TEACHERS-ON-CALL

DISTRICT PRACTICE:

- ~~1.~~—The hiring and deployment of non-certified teachers-on-call within a particular school is a management responsibility and shall be done in accordance with the local collective agreement, article B.22 subsections 1 and 2.

- ~~2.~~1. Non-certified teachers-on-call shall be paid a daily rate based on the lowest step of the current salary grid in the collective agreement between School District No. 6 (Rocky Mountain) and the Rocky Mountain Teachers' Association, calculated by dividing the salary on the lowest step of the teacher's salary grid by the number of teaching days in the current instructional year. Vacation pay will be added to each teaching day according to the British Columbia Employment Standards Act, which will include four percent (4%) vacation pay. The daily rate is based on 60% of category 5, lowest step in the SD6-RMTA collective agreement.

2. Non-certified teachers-on-call are expected to exercise good judgement, conduct themselves in a professional manner, in accordance with Board policies: -observing confidentiality in matters concerning students and the school.

3. Hiring of teachers on letters of permission shall involve, and application process, an assessment of qualification, and an assessment of suitability in an interview setting.

[POLICY 4400 NON CERTIFIED TEACHERS ON CALL](#)

ADOPTED: March 10, 1998

Amended: April 8, 2003; April 14, 2020; October xx, 2023

DATE: December 12, 2023
TO: Board of Trustees
FROM: Karen Shipka, Superintendent of Schools
SUBJECT: District Calendars



ORIGINATOR: Steve Wyer, Assistant Superintendent

REFERENCE: 2024-2025, 2025-2026, 2026-2027 Calendars

ISSUE

The Board of Education will consider approving the 2024-2025 District Calendar and approving the 2026-2027 calendar, in principle.

BACKGROUND

Calendar timelines are described in the School Act and in the School District No. 6 Bylaws.

In 2020, the Board of Education carried a motion to each year, approve one calendar for the upcoming year and to carry calendars for the two years beyond, in principle.

Each calendar requires a 60-day public consultation period in order to comply with School Act and District Bylaw requirements by May 31, 2024. Currently, the 2024-2025 and 2026 -2027 calendars are being presented for first reading and to open the calendar consultation window.

FUTURE CONSIDERATIONS

1. In the proposed 2024-2025 calendar, the final administrative day in June has been adjusted to June 27 to ensure students do not return for one day of school the next week. It has been the practice to end the year at the end of the week prior to the week containing July 1. 2025 is earlier than is typical. Minutes will be added to each day to maintain current district practice.
2. All non-instructional days are agreed to between the District and the RMTA, as described in the collective agreement. Parties have reached tentative agreement to the dates reflected in the 2024-2025 calendar. The calendars in principle, will be reviewed by the parties in the Fall of the prior calendar year for confirmation.
3. The April 28th NID is Regional Specialists' Day and is set to align with SD5 for the purpose of shared learning. SD5 has not yet approved a calendar including this date in their district. This date may require adjustment in order to align.

PUBLIC BOARD MEETING



PUBLIC BOARD MEETING

CONCLUSION

The DRAFT district calendar for 2024-2025 requires first reading for final approval. The district seeks first reading of an approval to accept the DRAFT 2026-2027 District calendar, in principle.

RECOMMENDATION/POSSIBLE MOTION

Motion:

The Board of Education for School District No. 6 (Rocky Mountain) approve, at first reading, the DRAFT 2024-2025 as the FINAL calendar.

Motion:

The Board of Education for School District No. 6 (Rocky Mountain) approve, at first reading, the DRAFT calendar for 2026-2027 in principle.





SCHOOL DISTRICT NO. 6 (Rocky Mountain)

620 - 4th Street, P.O. Box 430
Invermere, B.C. V0A 1K0

Corporate Board Office

P: (250) 342-9243

F: (250) 342-6966

2024-2025 SCHOOL CALENDAR DRAFT

Note: NIDs may change as they are subject to agreement by RMTA

JULY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Canada Day - Jul 1 instructional days 0

AUGUST

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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Civic Holiday - Aug 5
Non-Instructional Days - Ministry Day, Pro-D Aug

SEPTEMBER

S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Labour Day - Sep 2 Back to School - Sep 3
Non-Instructional Days - Sep 23
Ntl. Day for Truth and Reconciliation - Sep 30
instructional days 18

OCTOBER

S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Thanksgiving - Oct 14
Non-Instructional Day (for Pro-D, PSA) - Oct 18
instructional days 21

NOVEMBER

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24	25	26	27	28	29	30

Remembrance Day - Nov 11
instructional days 20

DECEMBER

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Christmas/Boxing Day - Dec 25/26
Winter Break - Dec 23 - Jan 3
instructional days 15

JANUARY

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13	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

New Year's Day - Jan 1 School Reopens - Jan 6
instructional days 20

FEBRUARY

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16	17	18	19	20	21	22
23	24	25	26	27	28	

Non-Instructional Day (for Pro-D) - Feb 18
Family Day - Feb 17
instructional days 18

MARCH

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30	31					

Spring Break - Mar 17 - 28
instructional days 11

APRIL

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20	21	22	23	24	25	26
27	28	29	30			

Good Friday - April 18
Easter Monday - April 21 School Reopens - Apr 22
Non-Instructional Day (for Pro-D- RSA) - Apr 28
instructional days 19

MAY

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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Victoria Day - May 20
instructional days 21

JUNE

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Last day of school for students - Jun 26
Administrative Day - Jun 27
instructional days 19

LEGEND:

- Instructional Days
- Non-Instructional Days
- Statutory Holidays

Hours of Instruction Offered:
Kindergarten: 853
Grades 1-7: 878
Grades 8-12: 952

Days of Instruction: 182
Non-Instructional Days: 7



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2025-2026 SCHOOL CALENDAR DRAFT

Note: NIDs may change as they are subject to agreement by RMTA

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		1	2	3	4	5
6	7	8	9	10	11	12
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20	21	22	23	24	25	26
27	28	29	30	31		

Canada Day - Jul 1 instructional days 0

AUGUST

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17	18	19	20	21	22	23
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31						

Civic Holiday - Aug 4
Non-Instructional Days - Ministry Day, Pro-D Aug 26, 27, and 28

SEPTEMBER

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21	22	23	24	25	26	27
28	29	30				

Labour Day - Sep 1
Back to School - Sep 2
Ntl. Day for Truth and Reconciliation - Sept 30
instructional days 20

OCTOBER

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19	20	21	22	23	24	25
26	27	28	29	30	31	

Thanksgiving - Oct 13
Non-Instructional Day (for Pro-D, PSA) - Oct 17
instructional days 21

NOVEMBER

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Remembrance Day - Nov 11
instructional days 19

DECEMBER

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Christmas/Boxing Day - Dec 25/26
Winter Break - Dec 23 - Jan 3
instructional days 15

JANUARY

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

New Year's Day - Jan 1 School Reopens - Jan 5
instructional days 20

FEBRUARY

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22	23	24	25	26	27	28

Non-Instructional Day (for Pro-D) - Feb 9
Family Day - Feb 11
instructional days 18

MARCH

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22	23	24	25	26	27	28
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Spring Break - Mar 16 -27
instructional days 12

APRIL

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Good Friday - April 3
Easter Monday - April 6
Non-Instructional Day (for Pro-D- RSA) - Apr 20
instructional days 19

MAY

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Victoria Day - May 18
instructional days 20

JUNE

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Last day of school for students - Jun 29
Administrative Day - Jun 30
instructional days 21

LEGEND:

- Instructional Days
- Non-Instructional Days
- Statutory Holidays

Hours of Instruction Offered:
Kindergarten: 853
Grades 1-7: 878
Grades 8-12: 952

Days of Instruction: 185
Non-Instructional Days: 7



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2020-2021 SCHOOL CALENDAR

JULY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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Canada Day - Jul 1 instructional days 0

AUGUST

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Civic Holiday - Aug 3 instructional days 0

SEPTEMBER

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Labour Day - Sep 7 Back to School - Sep 8
Non-Instructional Days - Sept 2, 3 and 21
Ntl. Day for Truth and Reconciliation - Sept 30
instructional days 15

OCTOBER

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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Thanksgiving - Oct 12
Non-Instructional Day (for Pro-D, PSA) - Oct 23
instructional days 20

NOVEMBER

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Remembrance Day - Nov 11 instructional days 20

DECEMBER

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Christmas/Boxing Day - Dec 25/26
Christmas Break - Dec 21 - Jan 1
instructional days 14

JANUARY

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New Year's Day - Jan 1
School reopens - Jan 4 instructional days 20

FEBRUARY

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28						

Family Day Stat - Feb 15
Non-Instructional Day (for Pro-D) - Feb 16
instructional days 18

MARCH

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Spring Break - Mar 22 - Apr 1
School Reopens - Apr 6 instructional days 12

APRIL

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Spring Break Mar 22 - Apr 1 Good Friday- Apr 2,
Easter Monday - Apr 5 Non-Instructional Day (for
Pro-D- RSA) - Apr 26 instructional days 19

MAY

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30	31					

Victoria Day - May 24 instructional days 20

JUNE

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Last day of school for students - Jun 29
Administrative Day - Jun 30
instructional days 21

LEGEND:

- Instructional Days
- Non-Instructional Days
- Statutory Holidays

Hours of Instruction Offered:
Kindergarten: 853
Grades 1-7: 878
Grades 8-12: 952

Days of Instruction: 183
Non-Instructional Days: 7

DATE: December 12, 2023
TO: Board of Trustees
FROM: Karen Shipka, Superintendent of Schools
SUBJECT: Research in Schools



ORIGINATOR: Kelsey Doolaar, Principal Golden Secondary
REFERENCE: Application 1 - Cross-Sectional Injury Survey in Rural and Indigenous Communities (pg. 3-78)
Application 2 - Sharing the Stories (Phase 2) (pg. 79-444)

ISSUE

That the Board of Education consider 2 research applications. One from the University of Calgary entitled, *Cross-Sectional Injury Survey in Rural and Indigenous Communities* and the second from Student's Commission of Canada, Queens University entitled: *Sharing the Stories (Phase 2)*.

BACKGROUND

In the fall of 2023 the Board of Education approved a policy 2350 that outlines the process for researchers to apply to the Board of Education to conduct research studies in schools

CURRENT SITUATION

The first proposal was received from Mark Agius, from the University of Calgary and he submitted an application (attached) for the Board of Education to consider. This research is scheduled to be conducted in December and the application was held until policy 2350 passed third reading.

The research question reads:

The study will try to understand what sport and recreational activities high school students participate in, what injuries they get, their knowledge about injuries, and what they do to stay safe when playing sports.

The data would be collected through an online survey and would involve students from grades 7-12. The researcher is asking participation from both Golden Secondary School and David Thompson Secondary School. Athletic Directors in both schools have been contacted.

The second proposal was received from Dr. Benjamin Kutsyiriba and he submitted an application (attached) for the Board of Education to consider. The research is scheduled to be conducted

Sharing the Stories (StS) is based on a comprehensive framework that includes initiating and sustaining factors of youth engagement, program qualities, and outcomes at individual, social, and system levels. By analyzing aggregated data across programs and organizations, we are able to examine a broad scope of Canadian youth programs, compare qualities and outcomes across multiple types of activities, and identify outcomes over time. The purpose of the survey data collection is to identify how much youth increased their knowledge and skills pertaining to the root causes, manifestation, and impacts of cyberbullying and online dating violence, as well as how prepared they feel to address this issue in their community.

PUBLIC BOARD MEETING



PUBLIC BOARD MEETING

The focus group will provide youth the space to identify key learnings, effective program methodologies, and facilitators/barriers to participation. In addition, it will provide youth the opportunity to share other challenges or issues they face, experience, or observe connected to bullying, cyberbullying, dating violence and/or violence in general in their communities.

Data collection will support the SCC, the Golden Youth Engagement Network, and Golden Secondary School to identify next steps to continue supporting youth to prevent and intervene, when appropriate and safe to do so, in cyberbullying and online dating violence and/or violence as it manifests in other ways in the school and community spaces. Youth voice will support future program proposals, activities and services that ultimately will equip and empower youth to address issues of importance to them in their communities, build their confidence, and build networks of concerned youth that work together to make change.

FINANCIAL IMPLICATIONS

none

CONCLUSION

The information from the first study will give researchers a better understanding of high school students' injuries. The information will also help develop strategies that can be used to prevent injuries in the future. All the information collected during the study will be de-identified and will remain strictly confidential. Only the investigators responsible for this study, the research staff, the statistician who will analyze the data, the University of Calgary, and the Conjoint Health Research Ethics Board will have access to this information. Confidentiality will be protected by using a survey that will be de-identified. Any reported results of the study will in no way identify study participants.

In study 2, youth will benefit from the data collection as it influences and informs current and future programs that directly impact their wellbeing and safety. The current project on cyberbullying and online teen dating violence is directly connected to Be the Program, a healthy relationships and teen dating violence prevention program. Youth from Golden Secondary School provided voice for Be the Program, which influenced the development of this current program. Moving forward, what we learn from youth in this program will directly influence what programming and supports we offer next. The goal is that youth feel safer in the relationships, their communities, and their schools, and that when they do witness or experience violence, they have a toolbox and adult allies that they can access to help them address or cope with these experiences.

RECOMMENDATION/POSSIBLE MOTION

That the Board of Education approve the research application from University of Calgary as presented.

That the Board of Education approve the research application from Queens University as presented.



Application 1



DISTRICT PRACTICE 2350
FORM – APPLICATION FOR
PERMISSION TO CONDUCT RESEARCH

APPLICANT NAME: **Mark Agius** DATE: **_November 27, 2023**

ADDRESS: **2930 21St SW** CITY: **Calgary, Alberta** POSTAL CODE: **T2T 5N5**

PHONE: **587-830-1433** _____ FAX: **N/A**

EMAIL: **mark.agius1@ucalgary.ca**

PRESENT POSITION: **Manager, Communications and Partnerships, Sport Injury Prevention Research Centre, University of Calgary**

TITLE OF STUDY: **Cross-Sectional Injury Survey in Rural and indigenous Communities**

SELECT ONE CATEGORY FOR REVIEW

Request to post information in schools to recruit participants out of school hours and off school property.

Poster description (attach sample): _____

Schools requested: _____

Requested dates for commencing: _____ Completing: _____

Expedited review of minor research projects (e.g. requirements for a course based master's degree).

Research question: _____

Number of participants: _____

Participants are from my own class: _____ Other class(es): _____

Requested dates for commencing: _____ Completing: _____



Full review of thesis research or major project.

Research question: **The study will try to understand what sport and recreational activities high school students participate in, what injuries they get, their knowledge about injuries, and what they do to stay safe when playing sports.**

Proposed Research methodology: **Data collection through online survey.**

Number of students: **As many as are available and are within study characteristics (see below)** Teachers: **__N/A__** Administrators: **__N/A__** Others (specify):

Characteristics of participants (e.g. grade levels): **Students from Gr. 7-12**

Specific schools: **Currently proposing Golden Secondary School, Golden and David Thomson Secondary School, Invermere where the athletic directors have been contacted.**

Specific student characteristics: **Male and female students between the ages of 12-19**

Selection strategy: **Those students/classes identified by schools/athletic directors.**

Nature of participant involvement: (e.g. questionnaire, interview, etc.) **The research survey (i.e. questionnaire) will be delivered online, securely and confidentially, through RedCap.**

Time required from participants: **The survey will take students approximately 20-30 mins to complete.**

Brief description of how research will be conducted: **The information from this study**

will give researchers a better understanding of high school students' injuries. The information will also help develop strategies that can be used to prevent injuries in the future. All the information collected during the study will be de-identified and will remain strictly confidential. Only the investigators responsible for this study, the research staff, the statistician who will analyze the data, the University of Calgary, and the Conjoint Health Research Ethics Board will have access to this information. Confidentiality will be protected by using a survey that will be de-identified. Any reported results of the study will in no way identify study participants.

Requested dates for commencing: **Early December, 2023** Completing: **February, 2023**

NOTES:

Please attach the following:

- A complete research proposal if one exists or information that will assist in the evaluation of your application.
- Copies of all tests or questionnaires which will be used.
- For university students or faculty: approval from Ethics committee at your institution.
- A copy of consent form for participants or parents if students are involved.

Terms of Agreement for conducting research in Rocky Mountain School District No. 6

- Receipt of written approval from the Office of the Superintendent
- Adherence to procedures for contacting school personnel outlined in the above letter
- Submission of a final report to the Office of the Superintendent
- Preparation of brief abstract if requested

ESTIMATED DATE OF SUBMISSION OF FINAL REPORT: September 2024 _____

CRIMINAL RECORD CHECK:

Prior to entering a school to conduct a research study, a person who is not a school district employee must undergo a Criminal Record Check and submit the CRC with the Application for Permission to Conduct Research. Final acceptance for the study is contingent on the results of the CRC.

Office of the Superintendent
PO Box 430
620 4th Street
Invermere, BC V0A 1K0

Mark Agius

Signature of Applicant

November 27, 2023

Date signed

Signature of Faculty Supervisor if applicant is a student

Name of Institution

Date signed



Conjoint Health Research Ethics Board
Research Services Office
2500 University Drive, NW
Calgary AB T2N 1N4
Telephone: (403) 220-2297
chreb@ucalgary.ca

CERTIFICATION OF INSTITUTIONAL ETHICS APPROVAL

The Conjoint Health Research Ethics Board (CHREB), University of Calgary has reviewed and approved the following research protocol:

Ethics ID: REB22-1676

Principal Investigator: Carolyn Emery

Co-Investigator(s): Cheryl Barnabe
Dianne Mosher

Student Co-Investigator(s): Kenzie Friesen
Emily Heming
Paul Eliason
Ashley Kolstad
Isla Shill
Meghan Critchley

Study Title: Cross-Sectional Injury Survey in Rural and indigenous
Communities in Alberta

Sponsor: Canada Research Chairs Secretariat
National Football League's Scientific Advisory Board

Effective: 14-Mar-2023

Expires: 14-Mar-2024

The following documents have been approved for use:

- coverletter_Consent_participant_surveillanceV1_Clean, 1, February 2, 2023
- coverletter_Consent_parents_surveyV1_02_02_2023_Clean, 1, February 2, 2023
- Invitation Letter-Survey V1.2023.02.02_Clean, 1, February 2, 2023
- REB22-1676_Consent_Form_for_Parents V2 02_07_2023_clean, 2, February 7, 2023
- REB22-1676_Consent_Form_for_Participants V2 02_07_2023_clean, 2, February 7, 2023
- REB22-1676_Assent_Form_for_Participants V1 01_16_2023_clean, 1, January 16, 2023
- HighSchoolInjuryQuestionnaire_V1_01_25_2023, 1, January 25, 2023
- Cross-Sectional Injury Survey in Rural and Indigenous Communities in Alberta_V1_01_23_2023_Final, 1, January 23, 2023
- REB22-1676 Dept Approval-RF, 1, February 2, 2023

- REB22-1676 Budget, 1, January 19, 2023

The CHREB is constituted and operates in accordance with the current version of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS); International Conference on Harmonization E6: Good Clinical Practice Guidelines (ICH-GCP); Part C, Division 5 of the Food and Drug regulations, Part 4 of the Natural Health Product Regulations and the Medical Device Regulations of Health Canada; Alberta's Health Information Act, RSA 2000 cH-5; and US Federal Regulations 45 CFR part 46, 21 CFR part 50 and 56.

You and your co-investigators are not members of the CHREB and did not participate in review or voting on this study.

Restrictions:

This Certification is subject to the following conditions:

1. Approval is granted only for the research and purposes described in the application.
2. Any modification to the approved research must be submitted to the CHREB for approval.
3. Reportable events (SAE's, new safety information, protocol deviations, audit findings, privacy breaches, and participant complaints) are to be submitted in accordance with the Board's reporting requirements.
4. An annual application for renewal of ethics certification must be submitted and approved by the above expiry date.
5. A closure request must be sent to the CHREB when the research is complete or terminated.

Approval by the REB does not necessarily constitute authorization to initiate the conduct of this research. The Principal Investigator is responsible for ensuring required approvals from other involved organizations (e.g., Alberta Health Services, community organizations, school boards) are obtained.

Approved By:

Stacey A. Page, PhD, Chair, CHREB

Date:

14-Mar-2023 12:31 PM

Note: This correspondence includes an electronic signature (validation and approval via an online system).



Cross-Sectional Injury Survey in Rural and Indigenous Communities

PRIMARY INVESTIGATOR

Dr. Carolyn Emery (University of Calgary)

CO-INVESTIGATORS

Dr. Paul Eliason (University of Calgary)

Dr. Cheryl Barnabe (University of Calgary)

Dr. Diane Mosher (University of Calgary)

Dr. Kenzie Friesen (University of Calgary)

Dr. Meghan Critchley (University of Calgary)

Tyler White (Siksika Nation)

Additional Co-Is to be included with development of research agreements with Indigenous Community partners in Alberta

STUDENTS

Rain Jamison (University of Calgary, Faculty of Kinesiology undergraduate student, member of Sapatawayak Cree Nation)

Madison Allard (University of Calgary) (University of Calgary, Faculty of Kinesiology undergraduate student, member of Métis Nation)

STAFF

Shane Esau (University of Calgary)

Sophie Wong (University of Calgary)

Carla van den Berg (University of Calgary)

Purpose

Youth are at risk of injury, including concussion, when they participate in sport and recreational activities. The Canadian Community Health Survey suggests 66% of injuries among youth aged 12-19 are sport related.¹ Further, 40% of youth injuries reporting to the emergency department are sport and recreational (S&R) related.² While risk factors and injury prevention strategies for injury and concussion have been investigated in some sports, there remains a great need to consider all sport and recreational (S&R) activities and particularly in understudied communities such as rural and indigenous settings. Continuing to engage schools and community S&R participants will have the greatest impact on public health in understanding and reducing the risk of injury in youth. The focus of this research project will be a comprehensive injury survey in Alberta youth (ages 12-19) with a focus on rural and indigenous communities. This research will facilitate the understanding of the global public health burden of injuries in youth S&R and non-sport-related activities, risk factors, and injury prevention strategies.

Background

Injuries are the leading cause of death for Canadians between the ages of 1 and 34,³ and is the leading cause of emergency department visits for children and youth between 5 and 19 in Alberta.⁴ Although S&R activity is essential to maintain a healthy lifestyle,⁵ S&R participation is one of the leading causes of injury in youth.^{3,6,7} Currently, one of the best approaches for addressing injury in youth is through prevention. Prevention occurs across the continuum of care; 1) Primary prevention is aimed at stopping the occurrence of injury, 2) Secondary prevention requires early diagnosis and effective early management, and 3) Tertiary prevention ensures full recovery and prevention of re-injury through rehabilitation. Establishing the extent of the injury problem and establishing the aetiology and mechanisms of these injuries are imperative first steps in injury prevention, followed by introducing preventative measures and assessing the effectiveness of these measures.⁸

In 2004, a comprehensive injury survey was conducted in Calgary and surrounding area high schools (ages 14-19) to better understand sport participation and injury rates in Albertan adolescents.⁶ The estimated injury rates at that time were 65.7 injuries/100 students/year (95% CI: 63.9-67.5) for students reporting at least one sport injury, 40.2 injuries/100 students/year (95% CI: 38.4-42.1) requiring medical attention, and 8.1 injuries/100 students/year presenting to the emergency department.⁶ The injury survey was then conducted in junior high students (ages 12-15) in 2009, which also suggested high injury rates [60.85 injuries/100 students/year (95% CI: 58.29-63.55) for students reporting at least one sport injury, 29.4 injuries/100 students/year (95% CI: 27.08-31.81) for medically treated injuries, and 12.28 injuries/100 students/year (95% CI 10.64-14.07) for injuries reporting to hospital emergency department].⁷ In 2019, the injury survey was updated to include S&R-related and non-S&R-related concussion questions and sport-specialization questions, and was implemented online rather than using paper.⁹ This updated survey was conducted in high schools across Alberta and suggested that S&R-related injury rates had decreased by an estimated 30% since 2004.⁹ While this may be partially related to a small decrease in sport participation, this reduction may also be

related to the significant efforts in S&R injury prevention in Alberta over the past 15 years. For instance, since 2004 the Sport Injury Prevention Research Centre (University of Calgary) has introduced evidence-based injury prevention programs in Alberta schools and communities sport in partnership with national, provincial, and local community and school stakeholders (e.g., Hockey Canada, Hockey Alberta, Hockey Calgary, Volleyball Canada, Parachute, Alberta Bone and Joint Strategic Clinical Network, Alberta High School Athletics Association, Basketball Alberta, Ever Active Schools, Calgary Minor Soccer Association, Hockey Alberta).⁹

While these injury surveys have provided critical information to better understand S&R participation, injury rates, risk factors for injury, sport safety practices, targeted injury prevention strategies, and an understanding of the impacts of community prevention initiatives in Alberta youth, they have mainly examined urban settings which may not represent small town, rural, or Indigenous youth populations. As such, the purpose of this study is to conduct a comprehensive injury survey in adolescent Alberta students and S&R participants with a focus on rural and Indigenous community settings to better understand the relationship of S&R participation and injury in these populations. There is a paucity of literature and understanding regarding sport and recreation participation rates, the injury and concussion burden, and sport and recreation safety practices in rural and Indigenous communities. The project aims to fill that gap to inform future research that will focus on injury and concussion prevention strategies in youth sport and recreation that are context specific and developed in partnership with engaged communities.

Objectives:

Objective 1: To describe sport and recreational activity participation in Alberta students and community sport and recreational participants (ages 12-19), focusing on rural and indigenous communities.

Objective 2: To examine the burden of sport and non-sport related injury in Alberta students and community sport and recreational participants (ages 12-19), focusing on rural and indigenous communities.

Objective 3: To evaluate risk factors for sport and non-sport related injury in Alberta students (ages 12-19), focusing on rural and indigenous communities.

METHODS

Study Design

This is a cross-sectional study design and is in alignment with the longitudinal cohort studies Surveillance in High Schools to Reduce Injury and Concussion Through Prevention and Management (SHRed Injuries; REB17-1948) and Surveillance in High Schools to Reduce Concussions and Consequences of Concussions in Canadian Youth (SHRed Concussions; REB18-2107).

Procedures:

The cross-sectional injury survey will be conducted across Alberta mainly targeting rural and indigenous communities. In total, approximately 33 junior/middle schools and high schools will be recruited with representation across Alberta in rural communities (including small towns). Recruitment will also include school or community sport and recreational teams/participants. Assuming approximately 75 students per school or community club (based on recruitment of one class per grade or age group - community, 25 participants per class/age group, approximately grades 8-12), the target sample will be 2475. This sample will allow for comparison to the 2004 and 2019 surveys conducted in Calgary and the surrounding areas (2004 study: n=2873; 2019 study: n=2029). We will continue to work with relevant experts and school boards on the de-identified survey. Students will review and, if they agree to participate in the study survey, provide mature minor consent. Students agreeing to participate will then complete a de-identified online sport injury survey beginning February 2023, which includes questions about subject demographics, sport and recreation participation, injury within the last one year (requiring medical attention and time-loss from sport), history of concussion, concussion knowledge and injury prevention practices (i.e., warm-up activities and use of protective equipment) (see Appendix). At the end of the survey, students will be given the opportunity to provide their contact information if they are willing to let us contact them for future studies. The delivery of the online questionnaire through the secure SHRed Concussions platform will facilitate the ease, reliability, and security of data entry remotely in addition to facilitating data management on site. The survey is a self-administered questionnaire designed to be completed in a single ~40-minute time-period. The original survey included content validation by six experts (including a sport medicine physician, physiotherapist, orthopedic surgeon, teacher, psychologist, and varsity coach).⁶ The updated online survey further underwent face validation with a varsity athlete, parent, and six adolescents representing grades 10-12 (3 male, 3 female).⁹ The survey was updated again in 2023 with revisions mainly reflecting current Equity, Diversity, and Inclusion considerations as recommended by the Canadian Institutes for Health Research.¹⁰ We have had some input to date from community members of Siksika Nation and Maskwacis; however, prior to development of agreements with specific Indigenous communities (see ethics section below – discussions with Siksika ongoing), there will be opportunity to support the needs of the Indigenous partner communities through additional questions and amendment of current questions in the attached survey targeting rural communities.

Analysis

Statistical analyses will be conducted using statistical software programs (e.g., Stata, R), and will follow a pre-specified plan. Descriptive statistics will be used to examine response rates, sports participation (by age, sex, and sport), sports injury incidence rates (by age, sex, sport, school size, urban/rural/indigenous community, injury type, injury site, mechanism of injury, and other associated factors), concussion education, concussion knowledge, and sport safety practices. Depending on the data type, means, medians, standard deviations (SD), proportions and 95% confidence intervals (95% CI) will be reported in table formats. Multivariable logistic regression will be used to examine injury outcomes based on most serious injury reported in the past year) across potential risk factor co-variables (e.g., sex, age, previous injury history, other risk taking

behaviours, small town/rural/Indigenous reserve, parent education, estimated exposure to sport and recreational activities) using approaches to control for the effects of cluster by school (e.g., adjusting standard errors for cluster, generalized estimating equations, mixed-effects). Specifically, data collected, analyzed, and interpreted with any Indigenous community participants will follow pending research agreement processes.

Ethical Considerations

This protocol will be submitted and reviewed by the University of Calgary Conjoint Health Research Ethics Board (CHREB). Additionally, it will be submitted to Alberta school divisions/boards and/or to individual schools for ethical approval as required in rural communities. This study will not inflict or increase the risk of harm to any student. Every effort will be made to maintain the privacy of students participating in this study. The data will be entered directly into REDCap. This online and secure platform is an electronic data capture solution that is housed on a cloud-based, managed infrastructure with SSL, TLS, 2-factor authentication for users, backups are encrypted, and password protection to allow data entry from all study sites in accordance with Personal Health Information Protection and Privacy Act (HIPPA) guidelines,(63) and in accordance with UCalgary Information Security Control Requirements approval. (please see SHRed Concussions: REB18-2107 for more detail). A specific Red-Cap project will be established as per research (data sharing and management) agreement for any data collected specifically on reserve (schools and/or community) with partner Indigenous Community leadership. All data obtained in this study by which the subject could be identified will remain confidential between the subject and research team. Any publication of results from this research will not allow for any identification of an individual subject. Further, research including data owned by partner Indigenous communities will be published at the discretion of Indigenous community leadership and in alignment with any research agreement to be established. Respect for persons is attained by ensuring students can freely choose to participate or not. All students will be assured that withdrawal of consent at any time will not in any way affect their school grades or their relationship with any member of the study team or school staff.

Before proceeding with any research in with an Indigenous community in Alberta, we will have a specific collaborative agreement in writing with the community leader and community study team. Through ongoing partnerships with Indigenous peoples in Alberta (e.g., Siksika Nation, Maskwacis), we will continue discussions to move towards the development of a research agreement prioritizing the [First Nations principles of ownership, control, access, and possession \(OCAP\)](#) and [CARE principles for Indigenous data governance \(The Global Indigenous Data Alliance\)](#). Our team is committed to Indigenous Data Sovereignty and Indigenous peoples' rights to control data from and about their communities and lands. We will seek approval from our Indigenous partners for data collection processes and data interpretation. Existing collaborations with Metis scholar and clinician-scientist Dr. Cheryl Barnabe will support our ongoing partnership with the Siksika Nation, where she is a practicing physician, leads research, and works broadly with the [Alberta Health Services Indigenous Wellness Core \(AHS IWC\)](#). This research will promote the [Truth and Reconciliation Commission's Calls to Action regarding Indigenous engagement in sport](#), recognizing that physical activity is fundamental to health and well-being and, despite contributing to a higher risk of injury and concussion, also likely plays a key role in recovery from injury. We will strive for equity

and inclusion in our partnerships with all participating Indigenous communities, to optimize participation of Indigenous persons in research and support new ways of knowing, through engagement of Indigenous leaders and persons with lived experience on our research team.

Potential Limitations

There are potential limitations for this study. First, adherence to completing the cross-sectional survey must be ensured. To enhance adherence, research members will be available to address any questions or concerns. There is also the potential for selection bias and generalizability. We will attempt to produce a sample population that is representative of various socio-demographic groups of students in Alberta. If the schools or sport/recreational participants that are approached to participate refuse, we will need to approach alternative schools and/or sport/recreational participants which may affect the composition of the study sample. This has the potential to affect the generalizability of the results to other high schools across Alberta.

Knowledge Translation

It is important to engage community stakeholders for this project to be successful. This includes but is not limited to: students, teachers, parents, school administrators, educational boards, community leaders, parents, coaches. The research team has extensive experience working with a variety of relevant community organizations in the production and interpretation of policy-relevant evidence in many injury health contexts. We are learning the ways of doing and knowing in Indigenous communities to support context specific strategies in partnership with Indigenous community leaders and partners.

Knowledge synthesis will occur to contextualize and integrate our research findings into the growing body of knowledge in this area. Public forums and executive summaries are key in the process of building capacity in all community stakeholders. We will share and discuss all data with all study partners as well as engage with them throughout the study. Our findings will be shared with our community networks, through websites (e.g., University of Calgary homepage, Faculty of Kinesiology homepage, www.ucalgary.ca/siprc/.ca), as well as through social media (Facebook and Twitter) for rural community findings and will be determined in partnership with Indigenous communities as per research agreement that will be established with all findings based on study participants engaging in the survey on any Indigenous reserve. Presentations will be offered to our school and partner communities and results will be submitted to national and international conferences in sport medicine, injury prevention, and public health and other venues as determined by Indigenous community partners and in alignment with any research agreement (pending). Researchers will ensure that the presentations will always be tailored for the appropriate audience. Finally, our findings will be disseminated through peer-reviewed publications.

Significance

There is a need for a better understanding of S&R participation, injury rates, risk factors for injury, and sport safety practices in understudied populations such as rural and indigenous communities in Alberta. This research is imperative to continue to establish

best practice in the prevention and management of injuries. This evidence has important national public health implications through a reduction of injury and health care costs, and for policy decisions, rule changes, education, and equipment practices related to injury in Canadian youth. Finally, this research program will contribute to inform best policy and practice in injury prevention and management in schools and S&R settings and will impact thousands of adolescent students each year.

References

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4. Services AH. Injury Prevention & Safety Education. <https://www.albertahealthservices.ca/injprev/page4795.aspx>. Accessed January 20, 2023.
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6. Emery CA, Meeuwisse WH, McAllister JR. Survey of sport participation and sport injury in Calgary and area high schools. *Clinical Journal of Sport Medicine*. 2006;16(1):20-26.
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10. Research CIhH. Equity, Diversity and Inclusion in the Research System. <https://cihr-irsc.gc.ca/e/52543.html>. Accessed January 20, 2023.

High School Injury Questionnaire

Please complete the survey below.

Thank you!

Thank you for agreeing to fill out this questionnaire

Are you filling out this survey as part of a school or club sport activity?

- School
 Community

Please indicate what school you attend.

Please indicate what community sport association you are a part of.

((Ex. Okotoks Oilers))

What grade are you in?

- 7
 8
 9
 10
 11
 12
 Other

Other grade: Please specify

What is your sex?

- Male Female Other
 Prefer not to say

Please describe:

Select the option that best describes your current gender identity.

- Gender-fluid
 Man
 Nonbinary
 Trans man
 Trans woman
 Two-spirit
 Woman
 Other (I don't identify with any option provided)
 I prefer not to answer

I identify as:

How old are you today?

- 11
 12
 13
 14
 15
 16
 17
 18
 19
 Other

Please specify your age:

Do you identify as Indigenous, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?

- Yes
 No
 I prefer not to answer

If "Yes", select the group(s) that you identify with.

- First Nation
 Inuit
 Métis
 I prefer not to answer

Are you a Status Indian (Registered or Treaty Indian as defined by the Indian Act of Canada)?

- Yes, Status Indian (Registered or Treaty)
 No

If you identify yourself as a First Nations person, do you live on a reserve or off-reserve?

- On a reserve
 Off-reserve

Are you a member of a First Nation or Indian band?

- Yes, member of a First Nation or Indian Band
 No

Specify name of First Nation or Indian band

Are you enrolled under, or a beneficiary of, an Inuit land claims agreement?

- Yes
 No

Specify agreement:

Are you a registered member of a Métis land claims agreement?

- Yes
 No

Specify organization or Settlement:

Do you identify as a visible minority (non-Caucasian in race or non-white) other than Aboriginal person?

- Yes
 No
 I prefer not to answer

Select the population group(s) you identify with.
(select as many as apply)

- Black (African, African Canadian, Afro-Caribbean descent)
- East Asian (Chinese, Japanese, Korean, Taiwanese, etc.)
- Indigenous (First Nations, Inuk/ Inuit, Métis)
- Latin American (Hispanic or Latin American Descent)
- Middle Eastern (Arab, Persian, West Asian descent [e.g. Afghan, Egyptian, Iranian, Kurdish Lebanese, Turkish])
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistanis, Sri Lankan)
- Southeast Asian (Cambodian, Filipino, Indonesian, Laotian, Thai, Vietnamese, etc.)
- White (European descent)
- Other (population group not listed above)
- I prefer not to answer
- Do not know

I identify as:

Do you identify as a person with a disability including physical, mental, intellectual, cognitive, learning, communication, sensory impairment, or a functional limitation?

- Yes
- No
- I prefer not to answer

If "Yes", select the type(s) of disability that applies to you.

- Communications
- Developmental
- Dexterity
- Flexibility
- Hearing
- Learning
- Memory
- Mental- health related
- Mobility
- Pain-related
- Seeing
- Other (Disability not listed above)
- I prefer not to answer

Please specify

How much do you weigh? (Please select whether you would prefer to answer in pounds or kilograms)

- Pounds
- Kilograms

Enter your weight in pounds

(pounds)

Enter your weight in kilograms

(kgs)

How tall are you? (select feet/inches or centimetres)

- Feet/inches
- Centimetres

Select how tall you are in feet

- 2
- 3
- 4
- 5
- 6
- 7

In addition to feet identified, how many additional inches?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

Enter how tall you are in centimetres

(cms)

Parent/guardian 1- To the best of your knowledge, what is their highest educational level achieved?

- Less than Grade 7
- Between Grades 7 and Grade 9
- Some High School
- Graduated from High School
- Trade School
- College Diploma
- University Degree
- Post-graduate work at University

Please specify who parent/guardian 1 is:

- Mother
- Father
- Other

Please specify:

If Parent 1 is your biological parent, what is their height? (Select feet/inches or centimetres).

- Feet/inches
- Centimetres
- Not relevant

Select how tall Parent 1 is in feet

- 2
- 3
- 4
- 5
- 6
- 7

In addition to feet identified, select how additional inches are in Parent 1's height.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

Enter how tall Parent 1 is in centimetres

_____ (cms)

Parent/guardian 2 (if applies)- To the best of your knowledge, what is their highest educational level achieved?

- Less than Grade 7
- Between Grades 7 and Grade 9
- Some High School
- Graduated from High School
- Trade School
- College Diploma
- University Degree
- Post-graduate work at University

Please specify who parent/guardian 2 is:

- Mother
- Father
- Other

Please specify:

Select how tall Parent 2 is in feet

- 2
- 3
- 4
- 5
- 6
- 7

In addition to feet identified, select how additional inches are in Parent 2's height.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

Enter how tall Parent 2 is in centimetres

_____ (cms)

If Parent 2 is your biological parent, what is their height? (Select feet/inches or centimetres).

- Feet/inches
- Centimetres
- Not relevant

Where do you live?

- City
 - Town with a population greater than 1000 people
 - Town with a population less than 1000 people
 - Rural Alberta (on a farm)
 - Rural Alberta (not on a farm)
 - First Nations Reserve
-

Please specify where:

This section asks about your lifestyle choices

Do you use tobacco products at present?

- Yes
 - No
 - Prefer not to say
-

How do you use tobacco products? (select all that apply)

- Smoke
 - Chew
 - Dip
 - Snus
 - Snuff
 - Other
-

Please describe

How often do you smoke tobacco?

- Once a month
 - Once a week
 - Daily
 - More than once a day
 - Prefer not to say
-

How often do you chewing tobacco?

- Once a month
 - Once a week
 - Daily
 - More than once a day
 - Prefer not to say
-

How often do you dipping tobacco?

- Once a month
 - Once a week
 - Daily
 - More than once a day
 - Prefer not to say
-

How often do you snus tobacco?

- Once a month
 - Once a week
 - Daily
 - More than once a day
 - Prefer not to say
-

How often do you snuff tobacco?

- Once a month
 - Once a week
 - Daily
 - More than once a day
 - Prefer not to say
-

How often do you use the other method you selected?

- Once a month
- Once a week
- Daily
- More than once a day
- Prefer not to say

Do you use marijuana products at present?

- Yes
- No
- Prefer not to say

How do you use it? (select as many as apply)

- Smoke
- Vape
- Bong
- Pipe
- Edible (food)
- Oil
- Concentrate ("shatter" or "dab")
- Other
- Prefer not to say

Please describe

How often do you use marijuana?

- Once a month
- One a week
- Daily
- More than once a day
- Prefer not to say

How often do you drink so much alcohol that you are really drunk?

- Never
- Once
- Less than once a month
- Once a month
- Once a week
- More than once a week
- Prefer not to say

How often do you use a seatbelt in the car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always
- Prefer not to say

This section asks some questions about the sports and recreational activity you participate in

This can include a sport you do in Physical Education (Gym) class

Do you participate in sport or recreational activity (including Physical Education Class)?

- Yes No

Please check the list of sports and recreational activities below to confirm your answer is in fact no.

Adventure racing, Aerobics, Alpine skiing, Badminton, Baseball, Basketball, Biathlon, Boxing (including kick), Cheerleading, Cricket, Cross-country skiing, Curling, Cycling (BMX), Cycling (road), Cycling (mountain), Cyclo-cross, Dance, Dirt biking, Diving, Field Hockey, Figure skating, Floor hockey, Football, Golf, Gymnastics, Hiking/scrambling, Hockey, Horse riding, Ice climbing, Lacrosse, Long boarding, Marching band, Martial arts, Orienteering, Outdoor activities, Para/Hang Gliding, Parkour, Physical Education/ Gym Class, Racquetball, Ringette, Rock climbing, Rodeo, Rollerblading, Rugby, Running, Sailing, Scuba diving, Skateboarding, Skiing-freestyle, Ski Mountaineering (SkiMo), Snowboarding, Snow kiting, Soccer, Softball, Squash, Speed skating, Surfing (including river, wind, and kite), Swimming (including artistic), Table tennis, Telemark skiing, Tennis, Track and field, Ultra-Endurance running, Volleyball, Wake boarding, Water-polo, Whitewater sports (including kayak, canoe, raft), Working out/ Weight lifting, Wrestling, Yoga

How many days per week do you participate in sport or recreational activity (including Physical Education/ Gym Class)?

_____ (days)

On average, how many minutes per day do you participate in sport or recreational activity (including Physical Education/ Gym Class)?

We would like you to think of the three sports/ recreational activities you participate in most often.

Please choose the three sports or recreational activities you participate in most often with:

- 1 being the sport/activity you participate in most often,
- 2 being the sport/activity you participate in 2nd most often,
- 3 being the sport/activity you participate in 3rd most often.

Please answer all the questions in this section on the sports you have numbered 1, 2, 3.

Sport 1 (the sport you participate in most often)

- Adventure racing
- Aerobics
- Alpine skiing
- Badminton
- Baseball
- Basketball
- Biathlon
- Boxing (including kick)
- Cheerleading
- Cricket
- Cross-country skiing
- Curling
- Cycling- BMX
- Cycling- road
- Cycling- mountain
- Cyclo-cross
- Dance
- Dirt biking
- Diving
- Field hockey
- Figure skating
- Fishing
- Floor hockey
- Football
- Golf
- Gymnastics
- Hiking/Scrambling
- Hockey
- Horse riding
- Hunting
- Ice climbing
- Lacrosse
- Long boarding
- Marching band
- Martial arts
- Orienteering
- Outdoor activities
- Para/Hang gliding
- Parkour
- Physical Education/ Gym Class
- Racquetball
- Ringette
- Rock climbing
- Rodeo
- Rollerblading
- Rugby
- Running
- Sailing
- Scuba diving
- Skateboarding
- Skiing- freestyle
- Ski mountaineering (SkiMo)
- Snowboarding
- Snow kiting
- Soccer
- Softball
- Squash
- Speed skating
- Surfing (including river, wind, and kite)
- Swimming (including artistic)
- Table tennis
- Telemark skiing
- Tennis
- Track and field
- Trapping
- Ultra-endurance running
- Volleyball
- Wake boarding
- Water-polo

- Whitewater sports (including kayak, canoe, raft)
- Working out/weight lifting
- Wrestling
- Yoga
- Other (1)

Please describe:

Sport 2 (the sport you participate in 2nd most often)

- Adventure racing
- Aerobics
- Alpine skiing
- Badminton
- Baseball
- Basketball
- Biathlon
- Boxing (including kick)
- Cheerleading
- Cricket
- Cross-country skiing
- Curling
- Cycling- BMX
- Cycling- road
- Cycling- mountain
- Cyclo-cross
- Dance
- Dirt biking
- Diving
- Field hockey
- Figure skating
- Fishing
- Floor hockey
- Football
- Golf
- Gymnastics
- Hiking/Scrambling
- Hockey
- Horse riding
- Hunting
- Ice climbing
- Lacrosse
- Long boarding
- Marching band
- Martial arts
- Orienteering
- Outdoor activities
- Para/Hang gliding
- Parkour
- Physical Education/ Gym Class
- Racquetball
- Ringette
- Rock climbing
- Rodeo
- Rollerblading
- Rugby
- Running
- Sailing
- Scuba diving
- Skateboarding
- Skiing- freestyle
- Ski mountaineering (SkiMo)
- Snowboarding
- Snow kiting
- Soccer
- Softball
- Squash
- Speed skating
- Surfing (including river, wind, and kite)
- Swimming (including artistic)
- Table tennis
- Telemark skiing
- Tennis
- Track and field
- Trapping
- Ultra-endurance running
- Volleyball
- Wake boarding
- Water-polo

- Whitewater sports (including kayak, canoe, raft)
- Working out/weight lifting
- Wrestling
- Yoga
- Other (2)

Please describe:

Sport 3 (the sport you participate in 3rd most often)

- Adventure racing
- Aerobics
- Alpine skiing
- Badminton
- Baseball
- Basketball
- Biathlon
- Boxing (including kick)
- Cheerleading
- Cricket
- Cross-country skiing
- Curling
- Cycling- BMX
- Cycling- road
- Cycling- mountain
- Cyclo-cross
- Dance
- Dirt biking
- Diving
- Field hockey
- Figure skating
- Fishing
- Floor hockey
- Football
- Golf
- Gymnastics
- Hiking/Scrambling
- Hockey
- Horse riding
- Hunting
- Ice climbing
- Lacrosse
- Long boarding
- Marching band
- Martial arts
- Orienteering
- Outdoor activities
- Para/Hang gliding
- Parkour
- Physical Education/ Gym Class
- Racquetball
- Ringette
- Rock climbing
- Rodeo
- Rollerblading
- Rugby
- Running
- Sailing
- Scuba diving
- Skateboarding
- Skiing- freestyle
- Ski mountaineering (SkiMo)
- Snowboarding
- Snow kiting
- Soccer
- Softball
- Squash
- Speed skating
- Surfing (including river, wind, and kite)
- Swimming (including artistic)
- Table tennis
- Telemark skiing
- Tennis
- Track and field
- Trapping
- Ultra-endurance running
- Volleyball
- Wake boarding
- Water-polo

- Whitewater sports (including kayak, canoe, raft)
- Working out/weight lifting
- Wrestling
- Yoga
- Other (3)

Please describe:

Which dance styles did you participate in during the past 12 months? (select all that apply)

- Ballet
- Contemporary or Modern
- Jazz
- Tap
- Hip Hop or Urban
- Acro
- Musical Theatre
- Lyrical
- Powwow Dance
- Other Traditional Indigenous Dance
- Cultural Dance
- Other

Other Traditional Indigenous Dance- Please specify

Cultural Dance- Please specify

Other Dance- Please specify

This section will ask about your participation in sport and recreational activity over the last 12 months. You may be asked to distinguish between competitive participation, practice/training, and recreational participation.

Competitive participation may include: games, matches, races, performances, tournaments, or other competitive events.

Practice/training may include: organized practices, training sessions, or rehearsals.

Recreational activity may include any other organized or unorganized activities (e.g., pick up games, fitness classes, leisurely sports, and social activities)

[hq_sport1] [hq_sport1other]

How long have you been participating in [hq_sport1] [hq_sport1other]?

- Less than one year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 6 years
- 6 years to less than 7 years
- 7 years to less than 8 years
- 8 years to less than 9 years
- 9 years to less than 10 years
- More than 10 years

[hq_sport1] [hq_sport1other]- Do you play in a club, in an organized community setting, at school (on a school team) or just for fun (including intramurals and PE class)?

(You can chose more than one)

- Organized community or Club
- School
- Fun
- Other

Other, please specify.

How many months of the year do you compete or participate in games, matches, performances, or competitive events in [hq_sport1] [hq_sport1other]?

- I do not compete or participate in games, matches, performances, or competitive events
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

How many hours per week (including weekends) did you compete or participate in games, matches, performances, or competitive events in [hq_sport1] [hq_sport1other]?

- None
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 to 5 hours
- 5 to 6 hours
- 6 to 7 hours
- 7 to 8 hours
- Greater than 8 hours

During the last 12 months, how many months did you train, practice, or rehearse for [hq_sport1] [hq_sport1other]?

- I did not train, practice, or rehearse
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

How many hours per week (including weekends) did you train, practice, or rehearse in [hq_sport1] [hq_sport1other]?

- None
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 to 5 hours
- 5 to 6 hours
- 6 to 7 hours
- 7 to 8 hours
- Greater than 8 hours

During the last 12 months, did you train, practice, or rehearse with either a coach or teacher in [hq_sport1] [hq_sport1other]?

- Yes
- No

[hq_sport2] [hq_sport2other]

How long have you been participating in [hq_sport2] [hq_sport2other]?

- Less than one year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 6 years
- 6 years to less than 7 years
- 7 years to less than 8 years
- 8 years to less than 9 years
- 9 years to less than 10 years
- More than 10 years

[hq_sport2] [hq_sport2other]- Do you play in a club, in an organized community setting, at school (on a school team) or just for fun (including intramurals and PE class)?

(You can chose more than one)

- Organized community or Club
- School
- Fun
- Other

Other, please specify.

How many months of the year do you compete or participate in games, matches, performances, or competitive events in [hq_sport2] [hq_sport2other]?

- I do not compete or participate in games, matches, performances, or competitive events
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

How many hours per week (including weekends) did you compete or participate in games, matches, performances, or competitive events in [hq_sport2] [hq_sport2other]?

- None
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 to 5 hours
- 5 to 6 hours
- 6 to 7 hours
- 7 to 8 hours
- Greater than 8 hours

During the last 12 months, how many months did you train, practice, or rehearse for [hq_sport2] [hq_sport2other]?

- I did not train, practice, or rehearse
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

How many hours per week (including weekends) did you train, practice, or rehearse in [hq_sport2] [hq_sport2other]?

- None
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 to 5 hours
- 5 to 6 hours
- 6 to 7 hours
- 7 to 8 hours
- Greater than 8 hours

During the last 12 months, did you train, practice, or rehearse with either a coach or teacher in [hq_sport2] [hq_sport2other]?

- Yes
- No

[hq_sport3] [hq_sport3other]

How long have you been participating in [hq_sport3] [hq_sport3other]?

- Less than one year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 4 years
- 4 years to less than 5 years
- 5 years to less than 6 years
- 6 years to less than 7 years
- 7 years to less than 8 years
- 8 years to less than 9 years
- 9 years to less than 10 years
- More than 10 years

[hq_sport3] [hq_sport3other]- Do you play in a club, in an organized community setting, at school (on a school team) or just for fun (including intramurals and PE class)?

(You can chose more than one)

- Organized community or Club
- School
- Fun
- Other

Other, please specify.

How many months of the year do you compete or participate in games, matches, performances, or competitive events in [hq_sport3] [hq_sport3other]?

- I do not compete or participate in games, matches, performances, or competitive events
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

How many hours per week (including weekends) did you compete or participate in games, matches, performances, or competitive events in [hq_sport3] [hq_sport3other]?

- None
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 to 5 hours
- 5 to 6 hours
- 6 to 7 hours
- 7 to 8 hours
- Greater than 8 hours

During the last 12 months, how many months did you train, practice, or rehearse for [hq_sport3] [hq_sport3other]?

- I did not train, practice, or rehearse
- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months

How many hours per week (including weekends) did you train, practice, or rehearse in [hq_sport3] [hq_sport3other]?

- None
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 to 5 hours
- 5 to 6 hours
- 6 to 7 hours
- 7 to 8 hours
- Greater than 8 hours

During the last 12 months, did you train, practice, or rehearse with either a coach or teacher in [hq_sport3] [hq_sport3other]?

- Yes
- No

Can you choose one main sport that is more important than the others?

- Yes
- No

Which sport?

- Adventure racing
- Aerobics
- Alpine skiing
- Badminton
- Baseball
- Basketball
- Biathlon
- Boxing (including kick)
- Cheerleading
- Cricket
- Cross-country skiing
- Curling
- Cycling- BMX
- Cycling- road
- Cycling- mountain
- Cyclo-cross
- Dance
- Dirt biking
- Diving
- Field hockey
- Figure skating
- Fishing
- Floor hockey
- Football
- Golf
- Gymnastics
- Hiking/Scrambling
- Hockey
- Horse riding
- Hunting
- Ice climbing
- Lacrosse
- Long boarding
- Marching band
- Martial arts
- Orienteering
- Outdoor activities
- Para/Hang gliding
- Parkour
- Physical Education/ Gym Class
- Racquetball
- Ringette
- Rock climbing
- Rodeo
- Rollerblading
- Rugby
- Running
- Sailing
- Scuba diving
- Skateboarding
- Skiing- freestyle
- Ski mountaineering (SkiMo)
- Snowboarding
- Snow kiting
- Soccer
- Softball
- Squash
- Speed skating
- Surfing (including river, wind, and kite)
- Swimming (including artistic)
- Table tennis
- Telemark skiing
- Tennis
- Track and field
- Trapping
- Ultra-endurance running
- Volleyball
- Wake boarding
- Water-polo

- Whitewater sports (including kayak, canoe, raft)
- Working out/weight lifting
- Wrestling
- Yoga
- Other

What was the main dance style you participated in during the past 12 months?

- Ballet
- Contemporary or Modern
- Jazz
- Tap
- Hip Hop or Urban
- Acro
- Musical Theatre
- Lyrical
- Powwow Dance
- Other Traditional Indigenous Dance
- Cultural Dance
- Other

Other Traditional Indigenous Dance- Please specify

Cultural Dance- Please specify

Other Dance- Please specify

Other, please specify

Did you train/compete more than 8 months out of the year in one sport?

- Yes
- No

How many years have you been doing this?

- 1 Year
- 2 Years
- 3 Years
- 4 Years
- 5 Years
- 6 Years
- 7 Years
- 8 Years
- 9 Years
- 10 Years
- 11 Years
- 12 Years
- 13 Years
- 14 Years
- 15 Years

Have you only EVER trained/competed in just one sport?

- Yes
- No

At what age did you start playing this?

- 4 years old
 5 years old
 6 years old
 7 years old
 8 years old
 9 years old
 10 years old
 11 years old
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old
 18 years old
 19 years old

Have you quit all other sports to focus on one main sport?

- Yes
 No

How old were you when you quit all other sports?

- 4 years old
 5 years old
 6 years old
 7 years old
 8 years old
 9 years old
 10 years old
 11 years old
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old
 18 years old
 19 years old

This section asks about injury education and sport safety practice

In the last 12 months, have you been given information about concussions?

- Yes
 No

If you have received information about concussion, who have you received it from? (select all that apply):

- Teacher/ School
 Coach
 Parent/guardian
 Doctor
 Health care professional (your trainer, athletic therapist, or physiotherapist)
 Internet
 Other

Please specify who provided the information:

Please specify what coach provided the information (e.g. football coach)

If you have received information about concussion, please check how you received the information from them (check all that apply)

- Fact sheet
- Booklet
- Video/DVD
- Presentation (in person)
- Poster
- Informal conversation
- Other

Please describe other ways you received the concussion information _____

Please answer the following questions to the best of your ability

People who have had one concussion are more likely to have another concussion?

- True
- False

Sometimes a second concussion can help a person remember things that were forgotten after the first concussion

- True
- False

A concussion is a brain injury

- True
- False

Have you heard of the term "graduated return to play protocol" or "stepwise return to play" for concussion?

- Yes
- No

A concussion can only happen if there is a direct hit to the head

- True
- False

Concussions can sometimes lead to emotional problems

- True
- False

Younger players (under the age of 18) typically take longer to recover from a concussion than adults

- True
- False

It can take hours or days for symptoms to appear after a concussion

- True
- False

To have a concussion, you have to be knocked out

- True
- False

There is a higher risk of long term problems if someone has a second concussion before recovering from the first one

- True
- False

Please choose how much you disagree or agree with the following statements (1 Strongly Disagree - 4 Neutral - 7 Strongly Agree, N/A)

	1 - Strongly Disagree	2	3	4 - Neutral	5	6	7 - Strongly Agree
1. I would continue playing my sport while experiencing a headache that results from a minor concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel comfortable reporting symptoms of a possible concussion to my coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable reporting symptoms of a possible concussion to my teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My coaches would be supportive and encouraging if I told them about symptoms I had that could be because of a concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My teachers would be supportive and encouraging if I told them about symptoms I had that could be because of a concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would encourage my teammate to tell someone and not play if they had possible concussion symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Concussions are a serious injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 - Strongly Disagree	2	3	4 - Neutral	5	6	7 - Strongly Agree	N/A
8. I have received written instructions from a doctor on when I can to return to school after having a concussion. (Note: Select N/A if you have not had a concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you learned about general sport safety in the last 12 months?

Yes
 No

From where? (choose as many as you like)

- Book, magazine, newspaper
 - Television
 - Internet
 - Coach
 - Sports trainer
 - PE teacher
 - Other teacher
 - Parent
 - Friend
 - Other
-

Please describe:

Did you ride a bicycle (road/mountain/downhill/cyclo-cross), rollerblade, scooter, skateboard/longboard, paddle (kayak/canoe/whitewater raft), surf (ocean/river/kite/wind), rock climb, ice climb, glide (para/hang), mountaineer, spelunk (caving), alpine ski, snowboard, or rodeo in the past 12 months?

Yes No

Please select as many as apply to you:

- Bicycle (road)
 - Bicycle (mountain/downhill/cyclo-cross)
 - Rollerblade
 - Scooter
 - Skateboard/Longboard
 - Whitewater paddle (kayak, canoe, raft)
 - Surf (ocean, river, kite, wind)
 - Rock climb
 - Ice climb
 - Glide (para/hang)
 - Mountaineer
 - Spelunk (cave)
 - Ski Mountaineer (SkiMo)
 - Alpine Ski
 - Snowboard
 - Rodeo
-

Bicycle (road)- Did you wear a helmet at least once?

Yes No

Bicycle (road)- Indicate how often you wore a helmet while participating

- Less than 25%
 - Between 25% and less than 50%
 - Between 50% and less than 75%
 - Greater than 75% of the time
-

Bicycle (mountain/downhill/cyclo-cross)- did you wear a helmet at least once?

Yes No

Bicycle (mountain/downhill/cyclo-cross)- Indicate how often you wore a helmet while participating

- Less than 25%
 - Between 25% and less than 50%
 - Between 50% and less than 75%
 - Greater than 75% of the time
-

Rollerblade- did you wear a helmet at least once?

Yes No

Rollerblade- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Rollerblade- did you wear wrist guards at least once?

- Yes No
-

Rollerblade- indicate how often you wore wrist guards while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Rollerblade- did you wear elbow pads at least once?

- Yes No
-

Rollerblade- indicate how often you wore elbow pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Rollerblade- did you wear knee pads at least once?

- Yes No
-

Rollerblade- indicate how often you wore knee pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Skateboard/Longboard- did you wear a helmet at least once?

- Yes No
-

Skateboard/Longboard- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Skateboard/Longboard- did you wear wrist guards at least once?

- Yes No
-

Skateboard/Longboard- indicate how often you wore wrist guards while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Skateboard/Longboard- did you wear elbow pads at least once?

- Yes No
-

Skateboard/Longboard- indicate how often you wore elbow pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Skateboard/Longboard- did you wear knee pads at least once?

Yes No

Skateboard/Longboard- indicate how often you wore knee pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Scooter- did you wear a helmet at least once?

Yes No

Scooter- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Scooter- did you wear wrist guards at least once?

Yes No

Scooter- indicate how often you wore wrist guards while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Scooter- did you wear elbow pads at least once?

Yes No

Scooter- indicate how often you wore elbow pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Scooter- did you wear knee pads at least once?

Yes No

Scooter- indicate how often you wore knee pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Whitewater Sports - did you wear a helmet at least once?

- Yes
 No
-

Whitewater Sports - Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Whitewater Sports - did you wear a life jacket at least once?

- Yes
 No

Whitewater Sports - Indicate how often you wore a personal flotation device while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Surfing - did you wear a helmet at least once?

- Yes
 No
-

Surfing - Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Surfing- did you wear earplugs at least once?

- Yes
 No
-

Surfing - Indicate how often you wore earplugs while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Rock Climbing- did you wear a helmet at least once?

- Yes
 No
-

Rock Climbing - Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Ice Climbing - did you wear a helmet at least once?

- Yes
 No
-

Ice Climbing - Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Ice Climbing - did you carry avalanche gear at least once?

- Yes
 No
-

Ice Climbing - Indicate how often you carried avalanche gear while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Paragliding/Hangliding- did you wear a helmet at least once?

- Yes
 No
-

Paragliding/ Hangliding - Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Paragliding/Hangliding- did you wear a communication device (radio, satellite phone, SPOT) at least once?

- Yes
 No

Paragliding/ Hangliding - Indicate how often you carried a communication device (radio, satellite phone, SPOT) while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Mountaineering- did you wear a helmet at least once?

- Yes
 No

Mountaineering- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Mountaineering- did you carry avalanche gear at least once?

- Yes
 No

Mountaineering- Indicate how often you carried avalanche gear while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Mountaineering- did you use a rope at least once?

- Yes
 No

Mountaineering- Indicate how often you used a rope while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Ski Mountaineering- did you wear a helmet at least once?

- Yes
 No

Ski Mountaineering- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Spelunking/caving- did you wear a helmet at least once?

- Yes
 No

Spelunking/caving-Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Alpine Ski- did you wear a helmet at least once?

- Yes No

Alpine Ski- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

Snowboard- Indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Snowboard- did you wear a helmet at least once?

- Yes No
-

Snowboard- did you wear wrist guards at least once?

- Yes No
-

Snowboard- indicate how often you wore wrist guards while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Snowboard- did you wear elbow pads at least once?

- Yes No
-

Snowboard- indicate how often you wore elbow pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Snowboard- did you wear knee pads at least once?

- Yes No
-

Snowboard- indicate how often you wore knee pads while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Rodeo- did you wear a helmet at least once?

- Yes
 No
-

Rodeo- indicate how often you wore a helmet while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time
-

Rodeo- did you wear a chest protector/vest at least once?

- Yes
 No
-

Rodeo- indicate how often you wore a chest protector/vest while participating

- Less than 25%
 Between 25% and less than 50%
 Between 50% and less than 75%
 Greater than 75% of the time

This section asks about your experience doing warm-up exercises.

During the last 12 months, have you used a warm-up routine at the beginning of your activity sessions (e.g. PE class, sport practice, etc)?

- Yes
 No
 Not applicable (i.e. did not participate in activity during the last 12 months)

Did your program include the following components:

- Aerobic components (e.g. running drills)
 Balance (e.g. balance on floor, balance pad)
 Strengthening (e.g. planks, lunges, squats)
 Agility components (e.g. hops, jumps, direction changes)
 Flexibility components (e.g. static stretching, dynamic stretching)
 Sport specific components (e.g. shooting, skating)
 Other components

Please specify the other components:

How often do you include AEROBIC components (e.g. running drills) in your warm-up?

- Always
 Often
 Sometimes
 Never

How often do you include BALANCE components (e.g. balance on floor, balance pad) in your warm-up?

- Always
 Often
 Sometimes
 Never

How often do you include STRENGTHENING (e.g. planks, lunges, squats) components in your warm-up?

- Always
 Often
 Sometimes
 Never

How often do you include AGILITY components (e.g. hops, jumps, direction changes) in your warm-up?

- Always
 Often
 Sometimes
 Never

How often do you include FLEXIBILITY components (e.g. static stretching, dynamic stretching) in your warm-up?

- Always
 Often
 Sometimes
 Never

How often do you include SPORT-SPECIFIC components (e.g. shooting, skating) in your warm-up?

- Always
 Often
 Sometimes
 Never

How often do you include OTHER components (ex. small group games) in your warm-up?

- Always
 Often
 Sometimes
 Never

Where did you learn your warm-up? (Select all that apply)

- Coach
 Trainer
 Teammate(s)
 Workshop/ Camp
 SHRed
 Social Media (ex. Instagram Reels, Tiktok)
 Internet (ex. Youtube, Fitness Blog, Sport Association Website)
 Other

Please specify where you learned your warm-up

In which type of sessions did you complete your warm-up program? (Check all that apply)

- PE Class
 Practice
 Games/Races/Competition
 Other

Please specify:

During the past 12 months, how often did you complete a warm-up at the beginning of your activity session (e.g. PE class, sport practice, etc)?

- Always
 Often
 Sometimes
 Never

On average, how long do your warm-ups take per session? (minutes)

What are your main reasons for using a warm-up?

- Improve Performance
 Injury Prevention
 Required to by team, coach, league, etc.
 Because others are also warming-up
 Other

Please specify

This section asks about EVER having a concussion from SPORT or RECREATIONAL ACTIVITY

Some examples include: ice hockey, soccer, playing on the playground, skateboarding, and biking.

Have you EVER had a concussion or been "knocked out" or had your "bell rung" DURING sport and recreational activity?

- Yes No

How many times have you had a concussion or been "knocked out" or had your "bell rung" DURING sport and recreational activity

1 2 3 4 5 6 or more

When did your FIRST concussion from SPORT OR RECREATION ACTIVITY occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your FIRST concussion?(e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
 Racquetball Ringette Rock climbing Rodeo Rollerblading Rugby
 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
 (SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

Please describe:

Were you unconscious from your FIRST concussion?

- Yes No

How long were you unconscious from your FIRST concussion?
(e.g., 10 seconds)

Did you have any memory loss from your FIRST concussion?

- Yes No

How long in DAYS were you out before FULL return to sport/activity from your FIRST concussion?
(e.g., 5 days)

(Days)

When did your SECOND concussion from SPORT OR RECREATION ACTIVITY occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your SECOND concussion? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
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 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
 (SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

Please describe:

Were you unconscious from your SECOND concussion?

- Yes No

How long were you unconscious from your SECOND concussion?
(e.g., 10 seconds)

Did you have any memory loss from your SECOND concussion?

- Yes No

How long in DAYS were you out before FULL return to sport/activity from your SECOND concussion?
(e.g., 5 days)

(days)

When did your THIRD concussion from SPORT OR RECREATION ACTIVITY occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your THIRD concussion? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
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 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

Please describe:

Were you unconscious from your THIRD concussion?

- Yes No

How long were you unconscious from your THIRD concussion?
(e.g., 10 seconds)

Did you have any memory loss from your THIRD concussion?

- Yes No

How long in DAYS were you out before FULL return to sport/activity from your THIRD concussion?
(e.g., 5 days)

(days)

When did your FOURTH concussion from SPORT OR RECREATION ACTIVITY occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your FOURTH concussion? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
 Racquetball Ringette Rock climbing Rodeo Rollerblading Rugby
 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
 (SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

Please describe:

Were you unconscious from your FOURTH concussion?

- Yes No

How long were you unconscious from your FOURTH concussion?
(e.g., 10 seconds)

Did you have any memory loss from your FOURTH concussion?

- Yes No

How long in DAYS were you out before FULL return to sport/activity from your FOURTH concussion?
(e.g., 5 days)

(days)

When did your FIFTH concussion from SPORT OR RECREATION ACTIVITY occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your FIFTH concussion? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
 Racquetball Ringette Rock climbing Rodeo Rollerblading Rugby
 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
 (SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

Please describe:

Were you unconscious from your FIFTH concussion?

- Yes No

How long were you unconscious from your FIFTH concussion?
(e.g., 10 seconds)

Did you have any memory loss from your FIFTH concussion?

- Yes No

How long in DAYS were you out before FULL return to sport/activity from your FIFTH concussion? (e.g., 5 days)

(days)

When did your MOST RECENT concussion from SPORT OR RECREATION ACTIVITY occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your MOST RECENT concussion?(e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
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 (SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

Please describe:

Were you unconscious from your MOST RECENT concussion?

- Yes No

How long were you unconscious from your MOST RECENT concussion?
(e.g., 10 seconds)

Did you have any memory loss from your MOST RECENT concussion?

- Yes No

How long in DAYS were you out before FULL return to sport/activity from your MOST RECENT concussion?
(e.g., 5 days)

(Days)

Of any of the sport/recreational concussions you listed:

Have you had any persistent problems with memory?

- Yes No

Have you had any persistent problems with dizziness?

- Yes No

Have you had any persistent problems with headaches?

- Yes No

Have you had any persistent problems with neck pain?

Yes No

Have you had any persistent problems with sleep problems?

Yes No

Of the [sr_conc_num] time(s) you suffered a concussion, been "knocked out" or had your "bell rung" DURING SPORT AND RECREATIONAL ACTIVITY, how many were diagnosed by a physician as a concussion?

0 1 2 3 4 5 6 or more

This section asks about EVER having a concussion OUTSIDE of sport and recreational activity

Some examples include: a motor vehicle collision or slipping on an icy walkway

Have you ever had a concussion or been "knocked out" or had your "bell rung" OUTSIDE of sport and recreational activity?

Yes No

How many times have you had a concussion, been "knocked out" or had your "bell rung" OUTSIDE of sport and recreational activity?

1 2 3 4 5 6 or more

When did your FIRST concussion OUTSIDE of sport and recreational activity occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What were you doing at the time of your FIRST concussion OUTSIDE of sport and recreational activity?
(e.g., motor vehicle collision)

Were you unconscious for your FIRST concussion OUTSIDE of sport and recreational activity?

Yes No

How long were you unconscious for your FIRST concussion OUTSIDE of sport and recreational activity?
(e.g., 10 seconds)

Did you have any memory loss for your FIRST concussion OUTSIDE of sport and recreational activity?

Yes No

How long in DAYS were you out before FULL return to sport/activity for your FIRST concussion OUTSIDE of sport and recreational activity?
(e.g., 5 days)

(days)

When did your SECOND concussion OUTSIDE of sport and recreational activity occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What were you doing at the time of your SECOND concussion OUTSIDE of sport and recreational activity?
(e.g., motor vehicle collision)

Were you unconscious for your SECOND concussion OUTSIDE of sport and recreational activity?

Yes No

How long were you unconscious for your SECOND concussion OUTSIDE of sport and recreational activity?
(e.g., 10 seconds)

Did you have any memory loss from your SECOND concussion OUTSIDE of sport and recreational activity?

Yes No

How long in DAYS were you out before FULL return to sport/activity for your SECOND concussion OUTSIDE of sport and recreational activity?
(e.g., 5 days)

(days)

When did your THIRD concussion OUTSIDE of sport and recreational activity occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What were you doing at the time of your THIRD concussion OUTSIDE of sport and recreational activity?
(e.g., motor vehicle collision)

Were you unconscious for your THIRD concussion OUTSIDE of sport and recreational activity?

Yes No

How long were you unconscious for your THIRD concussion OUTSIDE of sport and recreational activity?
(e.g., 10 seconds)

Did you have any memory loss from your THIRD concussion OUTSIDE of sport and recreational activity?

Yes No

How long in DAYS were you out before FULL return to sport/activity for your THIRD concussion OUTSIDE of sport and recreational activity?
(e.g., 5 days)

(days)

When did your FOURTH concussion OUTSIDE of sport and recreational activity occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What were you doing at the time of your FOURTH concussion OUTSIDE of sport and recreational activity?
(e.g., motor vehicle collision)

Were you unconscious for your FOURTH concussion OUTSIDE of sport and recreational activity?

Yes No

How long were you unconscious for your FOURTH concussion OUTSIDE of sport and recreational activity?
(e.g., 10 seconds)

Did you have any memory loss from your FOURTH concussion OUTSIDE of sport and recreational activity?

Yes No

How long in DAYS were you out before FULL return to sport/activity for your FOURTH concussion OUTSIDE of sport and recreational activity?
(e.g., 5 days)

(days)

When did your FIFTH concussion OUTSIDE of sport and recreational activity occur?

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What were you doing at the time of your FIFTH concussion OUTSIDE of sport and recreational activity?
(e.g., motor vehicle collision)

Were you unconscious for your FIFTH concussion OUTSIDE of sport and recreational activity?

Yes No

How long were you unconscious for your FIFTH concussion OUTSIDE of sport and recreational activity?
(e.g., 10 seconds)

Did you have any memory loss from your FIFTH concussion OUTSIDE of sport and recreational activity?

Yes No

How long in DAYS were you out before FULL return to sport/activity for your FIFTH concussion OUTSIDE of sport and recreational activity?
(e.g., 5 days)

(days)

Have you had any persistent problems with memory from your concussion OUTSIDE of sport and recreational activity?

Yes No

Of any of the concussions OUTSIDE of sport/recreational you listed:

Have you had any persistent problems with dizziness from your concussion OUTSIDE of sport and recreational activity?

Yes No

Have you had any persistent problems with headaches from your concussion OUTSIDE of sport and recreational activity?

Yes No

Of the [nonsr_conc_num] time(s) you suffered a concussion, been "knocked out" or had your "bell rung" OUTSIDE OF SPORT AND RECREATIONAL ACTIVITY, how many were diagnosed by a physician as a concussion?

0 1 2 3 4 5

NOT including the concussions described earlier, this section asks if you have been hurt or injured in the past ONE YEAR while participating in sport and recreational activity

In the past ONE YEAR have you had at least one sport or recreational injury?

Yes No

How many times?

- 1 2 3 4 More than 4 times

Please list the approximate date of your first injury:

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your first injury? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
 Racquetball Ringette Rock climbing Rodeo Rollerblading Rugby
 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
(SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

What type of dance were you injured in?

- Ballet
 Contemporary or Modern
 Jazz
 Tap
 Hip Hop or Urban
 Acro
 Musical Theatre
 Lyrical
 Powwow Dance
 Other Traditional Indigenous Dance
 Cultural Dance
 Other

Please select the body part of your first injury:

- Head Face Ears Eye Nose Teeth Neck Throat Shoulder
 Upper arm Elbow Forearm Wrist Hand Finger Back Side
 Ribs Chest Stomach Hip Groin Genitals Upper leg Knee
 Lower leg Ankle Foot Toes Other

What type of injury was it?

- Abrasion or scrape (e.g., turf rash) Bruise Burn Blister Bleeding, laceration, or cut
 Broken bone or fracture Dislocation Hypothermia Joint or ligament sprain
 Joint swelling Knocked out Muscle strain or pulled muscle Sunburn or heat stroke
 Tendon injury (tendinopathy/tendonitis) Overuse or chronic Other

Please describe:

Please list the approximate date of your second injury:

(If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your second injury? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
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(SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

What type of dance were you injured in?

- Ballet
 Contemporary or Modern
 Jazz
 Tap
 Hip Hop or Urban
 Acro
 Musical Theatre
 Lyrical
 Powwow Dance
 Other Traditional Indigenous Dance
 Cultural Dance
 Other

Please select the body part of your second injury:

- Head Face Ears Eye Nose Teeth Neck Throat Shoulder
 Upper arm Elbow Forearm Wrist Hand Finger Back Side
 Ribs Chest Stomach Hip Groin Genitals Upper leg Knee
 Lower leg Ankle Foot Toes Other

What type of injury was it?

- Abrasion or scrape (e.g., turf rash) Bruise Burn Blister Bleeding, laceration, or cut
 Broken bone or fracture Dislocation Hypothermia Joint or ligament sprain
 Joint swelling Knocked out Muscle strain or pulled muscle Sunburn or heat stroke
 Tendon injury (tendinopathy/tendonitis) Overuse or chronic Other

Please describe:

Please list the approximate date of your third injury:

_____ (If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your third injury? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
 Racquetball Ringette Rock climbing Rodeo Rollerblading Rugby
 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
(SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

What type of dance were you injured in?

- Ballet
 Contemporary or Modern
 Jazz
 Tap
 Hip Hop or Urban
 Acro
 Musical Theatre
 Lyrical
 Powwow Dance
 Other Traditional Indigenous Dance
 Cultural Dance
 Other

Please select the body part of your third injury:

- Head Face Ears Eye Nose Teeth Neck Throat Shoulder
 Upper arm Elbow Forearm Wrist Hand Finger Back Side
 Ribs Chest Stomach Hip Groin Genitals Upper leg Knee
 Lower leg Ankle Foot Toes Other

What type of injury was it?

- Abrasion or scrape (e.g., turf rash) Bruise Burn Blister Bleeding, laceration, or cut
 Broken bone or fracture Dislocation Hypothermia Joint or ligament sprain
 Joint swelling Knocked out Muscle strain or pulled muscle Sunburn or heat stroke
 Tendon injury (tendinopathy/tendonitis) Overuse or chronic Other

Please describe:

Please list the approximate date of your fourth injury:

_____ (If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your fourth injury? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
 Orienteering Outdoor activities Para/Hang gliding Parkour Physical Education/ Gym Class
 Racquetball Ringette Rock climbing Rodeo Rollerblading Rugby
 Running Sailing Scuba diving Skateboarding Skiing- freestyle Ski mountaineering
(SkiMo) Snowboarding Snow kiting Soccer Softball Squash Speed skating
 Surfing (including river, wind, and kite) Swimming (including artistic) Table tennis
 Telemark skiing Tennis Track and field Trapping Ultra-endurance running
 Volleyball Wake boarding Water-polo Whitewater sports (including kayak, canoe, raft)
 Working out/weight lifting Wrestling Yoga Other

What type of dance were you injured in?

- Ballet
 Contemporary or Modern
 Jazz
 Tap
 Hip Hop or Urban
 Acro
 Musical Theatre
 Lyrical
 Powwow Dance
 Other Traditional Indigenous Dance
 Cultural Dance
 Other

Please select the body part of your fourth injury:

- Head Face Ears Eye Nose Teeth Neck Throat Shoulder
 Upper arm Elbow Forearm Wrist Hand Finger Back Side
 Ribs Chest Stomach Hip Groin Genitals Upper leg Knee
 Lower leg Ankle Foot Toes Other

What type of injury was it?

- Abrasion or scrape (e.g., turf rash) Bruise Burn Blister Bleeding, laceration, or cut
 Broken bone or fracture Dislocation Hypothermia Joint or ligament sprain
 Joint swelling Knocked out Muscle strain or pulled muscle Sunburn or heat stroke
 Tendon injury (tendinopathy/tendonitis) Overuse or chronic Other

Please describe:

Please list the approximate date of your fifth injury:

_____ (If you don't remember the day, select the first day of the month. If you don't remember the month, select January.)

What activity were you doing at the time of your fifth injury? (e.g., hockey, skiing, etc)

- Adventure racing Aerobics Alpine skiing Badminton Baseball Basketball
 Biathlon Boxing (including kick) Cheerleading Cricket Cross-country skiing
 Curling Cycling- BMX Cycling- road Cycling- mountain Cyclo-cross Dance
 Dirt biking Diving Field hockey Figure skating Fishing Floor hockey
 Football Golf Gymnastics Hiking/Scrambling Hockey Horse riding
 Hunting Ice climbing Lacrosse Long boarding Marching band Martial arts
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What type of dance were you injured in?

- Ballet
 Contemporary or Modern
 Jazz
 Tap
 Hip Hop or Urban
 Acro
 Musical Theatre
 Lyrical
 Powwow Dance
 Other Traditional Indigenous Dance
 Cultural Dance
 Other

Please select the body part of your fifth injury:

- Head Face Ears Eye Nose Teeth Neck Throat Shoulder
 Upper arm Elbow Forearm Wrist Hand Finger Back Side
 Ribs Chest Stomach Hip Groin Genitals Upper leg Knee
 Lower leg Ankle Foot Toes Other

What type of injury was it?

- Abrasion or scrape (e.g., turf rash) Bruise Burn Blister Bleeding, laceration, or cut
 Broken bone or fracture Dislocation Hypothermia Joint or ligament sprain
 Joint swelling Knocked out Muscle strain or pulled muscle Sunburn or heat stroke
 Tendon injury (tendinopathy/tendonitis) Overuse or chronic Other

Please describe:

This section asks about your MOST SERIOUS injury within the last ONE YEAR

This CAN be one of the concussions you indicated earlier

To help you answer the following questions, below are the injuries you have listed in the previous sections.

Concussion from a sport or recreational activity on [sr_date_conc1]

Concussion from a sport or recreational activity on [sr_date_conc2]

Concussion from a sport or recreational activity on [sr_date_conc3]

Concussion from a sport or recreational activity on [sr_date_conc4]

Concussion from a sport or recreational activity on [sr_date_conc5]

Concussion from a sport or recreational activity on [sr_date_conc6ormore]

Concussion outside of a sport or recreational activity on [nonsr_date_conc1]

Concussion outside of a sport or recreational activity on [nonsr_date_conc2]

Concussion outside of a sport or recreational activity on [nonsr_date_conc3]

Concussion outside of a sport or recreational activity on [nonsr_date_conc4]

Concussion outside of a sport or recreational activity on [nonsr_date_conc5]

Injury to [sportinj_bodypart_1] on [sportinj_1]

Injury to [sportinj_bodypart_2] on [sportinj_2]

Injury to [sportinj_bodypart_3] on [sportinj_3]

Injury to [sportinj_bodypart_4] on [sportinj_4]

Injury to [sportinj_bodypart_5] on [sportinj_5]

Of the injuries you listed within the last ONE YEAR, what was the approximate date of your MOST SERIOUS injury?

(Note: Be sure to chose an injury that occurred in the last year. If you have only had one injury in the last year, enter the date of that injury. If you have not had any injuries in the last year, skip to next page.)

When you were injured, were you treated by a medical person (eg. doctor, physiotherapist, therapist, ambulance attendant or nurse)? certified athletic

Yes No

After you were injured, were you restricted from your normal daily activities for at least one day?

Yes No

After you were injured, were you restricted from sports participation for at least one day?

Yes No

When you were injured, did you lose consciousness/ awareness, that is were you knocked out?

Yes No

What sport did you receive your MOST SERIOUS injury in?

- Adventure racing
- Aerobics
- Alpine skiing
- Badminton
- Baseball
- Basketball
- Biathlon
- Boxing (including kick)
- Cheerleading
- Cricket
- Cross-country skiing
- Curling
- Cycling- BMX
- Cycling- road
- Cycling- mountain
- Cyclo-cross
- Dance
- Dirt biking
- Diving
- Field hockey
- Figure skating
- Floor hockey
- Football
- Golf
- Gym class
- Gymnastics
- Hiking/Scrambling
- Hockey
- Horse riding
- Ice climbing
- Lacrosse
- Long boarding
- Marching band
- Martial arts
- Orienteering
- Outdoor activities
- Para/Hang gliding
- Parkour
- Racquetball
- Ringette
- Rock climbing
- Rodeo
- Rollerblading
- Rugby
- Running
- Sailing
- Scuba diving
- Skateboarding
- Skiing- freestyle
- Ski mountaineering (SkiMo)
- Snowboarding
- Snow kiting
- Soccer
- Softball
- Squash
- Speed skating
- Surfing (including river, wind, and kite)
- Swimming (including synchronized)
- Table tennis
- Telemark skiing
- Tennis
- Track and field
- Ultra-endurance running
- Volleyball
- Wake boarding
- Water-polo
- Whitewater sports (including kayak, canoe, raft)
- Working out/weight lifting
- Wrestling

- Yoga
- Other

What type of dance were you injured in?

- Ballet
- Contemporary or Modern
- Jazz
- Tap
- Hip Hop or Urban
- Acro
- Musical Theatre
- Lyrical
- Powwow Dance
- Other Traditional Indigenous Dance
- Cultural Dance
- Other

Please describe:

Which PART of your body was injured in your MOST SERIOUS injury?
(If multiple body parts were injured, choose the body part with the most serious injury)

- Head
- Face
- Ears
- Eye
- Nose
- Teeth
- Neck
- Throat
- Shoulder
- Upper arm
- Elbow
- Forearm
- Wrist
- Hand
- Finger
- Back
- Side
- Ribs
- Chest
- Stomach
- Hip
- Groin
- Genitals
- Upper leg
- Knee
- Lower leg
- Ankle
- Foot
- Toes
- Other

Please describe:

What type of injury did you have?

- Abrasion or scrape (e.g., turf rash) Bruise Burn Blister Bleeding, laceration, or cut
 Broken bone or fracture Dislocation Hypothermia Joint or ligament sprain
 Joint swelling Knocked out Muscle strain or pulled muscle Sunburn or heat stroke
 Tendon injury (tendinopathy/tendonitis) Overuse or chronic Concussion Other
-

Please describe:

Has this injury occurred in the same body part before?

- Yes No
-

Did the injury occur after the original injury got better?

- Yes No
-

How were you injured?

- Made contact with someone Made contact with something Other
-

You answered that you made contact with someone, was it?

- An opponent A team-mate Other person
-

Was this person?

- Smaller than you Same size as you Bigger than you Unsure
-

Did you mean to have this contact?

- Yes No
-

Was it allowed under the rules of your sport?

- Yes No
-

You answered that you made contact with something, was it:

- Equipment that broke or failed (e.g., a broken hockey stick)
 A goal-post or net
 Equipment used in game (e.g., ball)
 Playing surface
 Something that shouldn't have been on the field, in the pool, etc.
 Other
-

Please describe:

You answered that you were not injured by contact or bumped into someone/something. What caused your injury?

Tripped Equipment failure Overuse Other

Please describe:

Were you wearing protective equipment on the part of the body that you injured?

Yes No

Was a coach, teacher or referee there when you were injured?

Yes No

Did you get first aid as soon as you were injured?

Yes No

Who gave you first aid? (select all that apply)

Parent Teacher Coach Team Doctor Sports trainer Ambulance attendant
 Other

Please describe:

What type of first aid did you receive? (You can choose more than one)

Rest Ice Compression Elevation Wound care Splint, sling or tape
 Other

Please describe:

Why didn't you get first aid?

Didn't need it No first aid was available No-one knew first aid

Did you get treatment at a later time?

Yes No

Who were you treated by (select all that apply to you)

- Yourself
- Parent
- Coach
- Sports trainer
- Chiropractor
- Family Doctor
- Hospital staff
- Physiotherapist
- Athletic therapist
- Massage therapist
- Other

Please describe:

Where were you treated?
(select all that apply)

- Home
- School
- Club/ community room
- On the field
- Doctor's office
- Therapists clinic
- Hospital
- Other

Please describe:

After you were injured what did you do?

- Continue to play without treatment
- Continue to play after treatment
- Stop play without treatment
- Stop play and receive treatment
- Stop play and go to a hospital
- Other

Please describe:

When you were injured in your sport, were you participating in a: (check all that apply)

- Competition/game
- Practice
- PE class
- Recreational sport (e.g., pick up game)
- Training
- Tournament
- During warm-up
- Other
- Unsure

Please describe:

When were you injured while participating in your sport?

- During warm-up
- At the beginning
- In the middle
- At the end
- During cool-down
- Other
- Unsure

Please describe:

As a result of your injury in your sport, how many days off school (or away from work or regular activity in the summer) did you have?

- None Less than 1 day 1 day 2 days to less than 7 days 1 week to less than 2 weeks
 3 weeks to less than 4 weeks 1 month to less than 3 months 3 months to less than 6 months
 6 months or more

As a result of your injury in your sport, how many days were you unable to participate in the sport in which you were injured?

- None Less than 1 day 1 day 2 days to less than 7 days 1 week to less than 2 weeks
 3 weeks to less than 4 weeks 1 month to less than 3 months 3 months to less than 6 months
 6 months or more

Were you given a fitness test to see if you were fit enough to play sport again?

- Yes No

Who gave you the test?

- Doctor Team trainer Coach Other

Please describe:

Did the rules of the sport or recreational activity contribute to your injury?

- Yes No Unsure

Describe how:

DO I HAVE TO PARTICIPATE?

No, you do not have to participate. Participation in this study is voluntary. If you decide to participate, answer the questions on the survey. By clicking the submit button it tells the researchers that you agree to be in the study and understand the information about participating. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

Please Note: Some of the questions may be of a sensitive nature, especially regarding alcohol and marijuana use. You can choose not to respond to these or any other questions. As well, note that the answers will not be disclosed or linked back to you as this is an anonymous survey.

You are free to leave the study at any time by contacting the Research Coordinator at SHRedConcussions@ucalgary.ca. If you decide to leave the study, you can request to withdraw your data as well. You should always understand what is going on, so feel free to ask any questions. The researchers will tell you if there is new information that becomes available during the study. Data collected during this study may be combined and reported with data from other studies. We will not share your contact information with anyone outside the research team.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

You do not have to pay to participate in the study. You will have a chance to win a \$20 gift card for your participation.

WILL MY RECORDS BE KEPT PRIVATE?

All the information collected during the study will be de-identified and will remain strictly confidential. Only the investigators responsible for this study, the research staff, the statistician who will analyze the data, the University of Calgary, and the Conjoint Health Research Ethics Board will have access to this information. Confidentiality will be protected by using a survey that will be de-identified. Any reported results of the study will in no way identify study participants. These online surveys may ask for personal information that may be used to identify you. However, we will not connect that information to what you tell us in the survey.

You will be asked at the end of the survey if you wish to be contacted for future research. If you say yes you are agreeing to provide the research team with your name, telephone and email address. This information will be stored separately from your data and will be password protected to ensure confidentiality. You do not have to agree to be contacted for future research, it is your choice.

AGREEMENT TO PARTICIPATE

If you fill out and submit the survey, this tells us that you agree to participate in the study. In no way does this waive your legal rights nor release the investigators, or involved institutions from their legal and professional responsibilities. You are free to leave the study at any time.

If you have further questions concerning matters related to this research, please contact:

Dr. Carolyn Emery (403) 220-4608

If you have any questions concerning your rights as a possible participant in this research, please contact the Chair of the Conjoint Health Research Ethics Board, Research Services, University of Calgary, 403-220-7990.

You may download a copy of the consent form from our website (www.ucalgary.ca/siprc/studies/shred) for your records and reference.

Ethics ID: REB22-1676 V2// 02/07/2023

Do you consent to participate in this study?

Yes

No

[reset](#)

Submit

Consent Form

Please read and complete the consent form below.

Thank you!

UNIVERSITY OF CALGARY Implied Consent Form

Title: Cross-Sectional Injury Survey in Rural and Indigenous Communities in Alberta

PRIMARY INVESTIGATOR

Dr. Carolyn Emery (University of Calgary)

CO-INVESTIGATORS

Dr. Paul Eliason (University of Calgary)

Dr. Cheryl Barnabe (University of Calgary)

Dr. Diane Mosher (University of Calgary)

Dr. Kenzie Friesen (University of Calgary)

Dr. Meghan Critchley (University of Calgary)

STUDENTS

Rain Jamison (University of Calgary)

Madison Allard (University of Calgary)

STAFF

Shane Esau (University of Calgary)

Sophie Wong (University of Calgary)

Carla van den Berg (University of Calgary)

This letter of information is part of the process of informed consent. It should give you the basic idea of what the research is about and what you will be asked to do. If you have questions or want more information please contact us. Please take the time to read this carefully and make sure you understand everything. If you choose to submit answers to the online questionnaire the research team will consider your willingness to provide answers to the questions as implied consent to participate in this study.

BACKGROUND

Sport and recreational activities are good for youth, but there is always a chance of getting injured. One of the injuries that can happen is a concussion. There has been research on concussion in some Canadian youth sports, such as hockey. This type of research has looked at why some youth may be more likely to get a concussion, what affects the amount of time it takes to recover from a concussion, and ways to prevent concussions in sports. There is also a need to research the same questions in other sport and recreational activities, and even in schools so that it can help lower the risk of concussion in all youth.

WHAT IS THE PURPOSE OF THE STUDY?

This part of the study will try to understand what sport and recreational activities high school students participate in. We also want to know what injuries they get, their knowledge about injuries, and what they do to stay safe when playing sports.

WHAT WOULD YOU HAVE TO DO?

If you choose to participate, you will complete an online survey. It will ask questions about what sport and recreational activities you participate in, your injury history, your injury knowledge, and what sport safety practices you use. The survey will take you about 20-30 minutes to complete.

WILL THE STUDY HELP YOU?

There are no direct benefits to you. The information from this study will give researchers a better understanding of high school students' injuries. The information will also help develop strategies that can be used to prevent injuries in the future.

DO I HAVE TO PARTICIPATE?

No, you do not have to participate. Participation in this study is voluntary. If you decide to participate, answer the questions on the survey. By clicking the submit button it tells the researchers that you agree to be in the study and understand the information about participating. In no way does this waive your legal rights nor release the investigators, sponsors, or involved

Application 2



DISTRICT PRACTICE 2350

**FORM – APPLICATION FOR
PERMISSION TO CONDUCT RESEARCH**

APPLICANT NAME: <u>Jocelyn Gallant on behalf of</u>	DATE: <u>November 29 2023</u>	
<u>The Students Commission of Canada</u>		
ADDRESS: <u>23 Isabella Street</u>	CITY: <u>Toronto</u>	
POSTAL CODE: <u>M4Y 1M7</u>	PHONE: <u>416-597-8297</u>	FAX: _____
EMAIL: <u>jocelyn@studentscommission.ca</u>		
PRESENT POSITION: <u>Network Coordinator</u>		
TITLE OF STUDY: <u>SIFT Program</u>		

SELECT ONE CATEGORY FOR REVIEW

<input type="checkbox"/>	Request to post information in schools to recruit participants out of school hours and off school property.
	Poster description (attach sample): _____
	Schools requested: _____
	Requested dates for commencing: _____ Completing: _____

<input type="checkbox"/>	Expedited review of minor research projects (e.g. requirements for a course based master's degree).
	Research question: _____

	Number of participants: <u>12-100</u>
	Participants are from my own class: _____ Other class(es): _____
	Requested dates for commencing: _____ Completing: _____

x

Full review of thesis research or major project.

Research question: Please find in attachment Appendix C, one example:

How do broader contexts and environments influence programs and outcomes?

Proposed Research methodology:

Number of students: 150 Teachers: _____ Administrators: _____

Others (specify): _____

Characteristics of participants (e.g. grade levels): grade 7 to 12

Specific schools: LGES, NES, GAS, GSS

Specific student characteristics: any student

Selection strategy: any student

Nature of participant involvement: (e.g. questionnaire, interview, etc.) questionnaire, survey, focus group, post reflection tools

Time required from participants: varied

Brief description of how research will be conducted: Information is collected weekly through post reflection surveys, Head Heart Feet Spirit tools, TP1 and TP4 will be conducted please see attachments for details, and focus groups

Requested dates for commencing: immediately (under way for 1 year now) Completing: June 2024 (hoping to continue programming)

NOTES:

Please attach the following:

- A complete research proposal if one exists or information that will assist in the evaluation of your application.
- Copies of all tests or questionnaires which will be used.
- For university students or faculty: approval from Ethics committee at your institution.
- A copy of consent form for participants or parents if students are involved.

Terms of Agreement for conducting research in Rocky Mountain School District No. 6

- Receipt of written approval from the Office of the Superintendent
- Adherence to procedures for contacting school personnel outlined in the above letter
- Submission of a final report to the Office of the Superintendent
- Preparation of brief abstract if requested

ESTIMATED DATE OF SUBMISSION OF FINAL REPORT: June 2024

CRIMINAL RECORD CHECK:

Prior to entering a school to conduct a research study, a person who is not a school district employee must undergo a Criminal Record Check and submit the CRC with the Application for Permission to Conduct Research. Final acceptance for the study is contingent on the results of the CRC.

Office of the Superintendent
PO Box 430
620 4th Street
Invermere, BC V0A 1K0

Jocelyn Gallant

Signature of Applicant

November 29 2024

Date signed

Signature of Faculty Supervisor if applicant is a student

GSS, NES, LGES, GAS

Name of Institution

Date signed

SIFT Programming – Students Commission of Canada

1. We collect data for two key purposes: programmatic evaluation and ongoing research through our Sharing the Stories research project.

- Program Evaluation: We collect youth voice to assess the quality of programming for formative and summative purposes. In regard to formative evaluation, we listen to youth voice to guide and shape current programming. In this way, we are able to meet young people where they're at, structuring activities and discussions around relevant and important issues in their lives. We also collect summative evaluative data to quantify reach and impact in progress and final reports to program funder. In the case of SIFT, we use anonymized evaluation data to substantiate program objectives and goals to the Public Health Agency of Canada.
- Ongoing research: From the letter of information in the registration packet: "We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized."

2. "SIFT" is creating safer spaces across Canada where youth and adults closest to them explore, experience, and build capacity towards: belonging, self-care, wellbeing, and positive social identities. Youth co-create safer spaces by sifting through and choosing tools that matter to them the most. We offer 18 services, spanning the 6 themes below, to spark new or deepen existing safer spaces. SIFT themes:

- Pillars & Shaping the Safer Space
- Authenticity & Social Identity
- Sharing & Vulnerability
- Mental Health & Wellbeing
- Belonging & Community
- Contribution & Empowerment

Please see previous email with the previously attached Menu of Services and/or our website SIFT landing page:

<https://www.studentscommission.ca/en/sift>

3.) How participants are chosen for the different programs. For our core SIFT group, which meets weekly we began recruiting by doing little teasers in all the grade 8-9 classrooms at GSS. Youth were asked to join us if they enjoyed their time and wanted to learn more.

For the one-off programs, it's based on teacher interest. Teachers that want to have us in their classrooms for programming let us know and we try our best to accommodate. NES was actually part of piloting the Nature Experiences and 6 week Mental Health Yoga curriculum and is in it's third year of running those programs.

OVERARCHING THEMES:

Pillars & Shaping the Safer Space
Authenticity & Social Identity
Sharing & Vulnerability
Mental Health & Wellbeing
Belonging & Community
Contribution & Empowerment



SIFT Menu of Services

SIFT your way into a safer space rooted in belonging, wellbeing, and positive social identities. This menu outlines 18 services to spark new or deepen existing safer spaces. Services are broken down into two categories: Foundational Sessions and Complementary Options. Some services build upon each other, while others are standalone sessions.

Social Identity & Safer Spaces: Laying the Foundation



Values & Safer Space: Respect, Belonging, Inclusion

Lay the foundation for a safer space, grounding your group in the 4 pillars (Respect, Listen, Understand, Communicate™), and helping each member begin to see what they can contribute to the space with the values they bring to the table. Optional extension for creative exploration and gallery discussion of group guidelines.



Impacts of COVID-19: Being Heard in the Safer Space

Create a collective framework with your group that seeks to recount and understand the social and systemic impacts of COVID-19; youth connect with each other around how their well-being was influenced by the pandemic through multiple sharing pathways.



Social Identity: Pressures & Habits

Where are the online and in-person spaces that youth inhabit and belong? This session helps young people answer this question and unravel the conditions of spaces that are most conducive for helping them be their 'truest selves', tapping into the role others play in group membership and relevance of spaces.



Authenticity & Mental Health: Finding Spaces that Support Who You Are

Grasp authenticity's importance across the online and in-person spaces by exploring what it means to be real in how we share stories, ourselves and our emotions. Youth are given new creative opportunities to share who they are with your group, reinforcing presence and safety in your space.



Mental Health Pressures & Supports: Matching Supports to Pressures

Centre mental wellbeing at the heart of sharing both pressures and supports to youth's sense of wellbeing. Incorporating both anonymous and transparent ways to participate, this session furthers opportunities for members to share meaningfully from their comfort zone with others in your space.



Motivational Listening for Ending "Us vs Them" Identities

Polarization is what separates people from feeling either familiar (i.e. 'Us') or foreign (i.e. 'Them'). This session helps youth foster active, caring, and motivational listening and communication skills to take steps towards closing the gaps that can divide.



Pathways to Hate or Peace

Engender an awareness in youth to recognize warning flags that someone might be recruited to a violent extremist group, while also learning buffers and supports to help youth steer clear of extremist influences.



The Power of Contribution: The Collective Social Identity

Generativity is the desire to make a lasting and positive contribution for the next generation. This session seeks to awaken youth's sense of generativity by inviting them to reflect on how they, individually and as a group, wish to make their school, neighborhoods, and communities better. Youth will plan how to spark positive change in the world around them.



Safer Spaces & Mental Health Techniques for the Everyday

Where the tables turn from youth being participants in your safer space, to being initiators of new safer space experiences for others. This session breaks down and names the elements that have scaffolded your safer space into personalized toolkits that can be brought into the online and in-person spaces youth belong.



Complementary Options and Extensions



Yoga and Mindfulness for Mental Health: Developed in collaboration with Vinyasa Yoga for Youth; introduce your group to trauma-informed yoga, meditation, and mindfulness practices to support mental wellbeing throughout their lives. Examine impacts on the brain, practice asana (poses), and take yoga “off the mat” through an exploration of values and philosophy.



Nature Experiences: Put simply, to go and be. Slow and intentional presence in nature. Discover and explore, sparking childlike wonder and mindfulness of the world around you. Expand the borders of what a safer space can be to the outdoors. Weave in Indigenous voice and knowledge with the inclusion of an Elder.



Nobody's Born a Racist Workshop: Participate in a national movement to combat systemic racism! Select from a series of influential speakers, interactive activities, and discussion of actions that can be taken to address racism on individual, social, and system levels.



Influencing and Mental Health: In light of prevalent mental health challenges for young people, this session dives into our Influence-in-Action model. This model explores what it means to be a peer influencer, inspiring participants to identify their existing strengths and develop new strategies for providing peer-to-peer support in holistic health and mental wellbeing.



'Day in a Life' Walks: A multi-perspectival walking dialogue co-created with our facilitators that examines key landmarks within your community. What opportunities or barriers do these landmarks pose? How might these monuments intersect, interact, or influence group identities? This session aims to bring a safer space lens to community, a diagnostic of how safe a community is for whom, and how a group might strengthen sense of safety within their own neighbourhood.



Community Builders: Balancing group dynamics and transitioning from activity-to-activity can be a challenge of group facilitation. Expanding your portfolio of energizers, icebreakers, and group-centered activities grants facilitators the edge to agilely adapt to group needs, strengthen member bonds, and apply a finger-tip responsiveness to critical developmental group milestones. This session samples silly-to-serious community builders that can be shuffled into existing or new groups.



Community/Contribution Storytelling through Media: What are the challenges in your community? What are the changes you would like to see? This session guides participants in selecting and using creative media to capture community stories and share their experiences with others. Past storytelling projects have spanned: visual arts, virtual reality, photography, gallery walks, and more!



Youth-led Projects, Campaigns, & Contribution: A key driver behind magnifying the impact of your safer space or introducing elements of your safer space into new spaces is empowering youth to champion projects in their community. Conversations, stories, and issues brought up in your safer space can spark provocative campaigns that call others in or introduce safer space concepts or important issues to broader audiences in the community. In addition to providing a framework for helping youth decide on a campaign, how to be a supportive adult ally is also reviewed.



Decision-Maker for a Day: Sometimes the best vantage for seeing the possibilities of change that we wish to see is to place ourselves in the role of decision-maker. This session gives youth permission to dream big about solutions to issue(s) that impact their school, community, province, or country, providing insights that can shape policies and laws.

Head Heart Feet and Spirit

Activity/Day#: _____

Write a couple of sentences about your day/activity under each heading below:

This module will take you about 5 minutes to fill out. It has 4 questions.

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

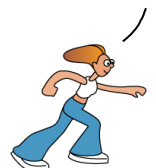
HEAD – What have I learned today?

HEART – How do I feel about today?

FEET – What will I do with what I've learned today?

SPIRIT – How did I connect today?

More
questions
on back



Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – HHFS

Focus group/Interview questions and sample probes (Participants)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview.

1. I'd like to start by hearing about how and why you joined the program?
 - a. How long have you been involved?
 - b. Why did you start/join?
2. So, how has it been going with your involvement in the group?
 - a. What have you liked the best about your participation in the group?
 - b. Have there been any challenges? If yes, please describe.
 - c. Have there been any efforts to overcome the challenges either by the youth involved or the facilitators? If yes, please describe.
 - d. What shifts/changes have you seen in the program while you were here? How, why, when did they occur? What effect did they have?
 - e. What keeps you coming back to the group?
3. What are the most important characteristics of the program that lead to positive outcomes (for youth, staff, organization, community)? Can you share some examples?
 - a. How did your program make a positive space for youth? Can you share some examples?
 - b. How is this program/project similar or different from other youth engagement activities in which you've been involved?
 - c. What was special about your program? What makes this program different from other settings (please think about the activities, facilitation processes, values, relationships, space)?
 - d. What are the most important characteristics and behaviors of the leaders/staff that lead to positive outcomes? Can you share some examples?
4. How would you define diversity in your program? Please think about differences in perspectives and experiences, backgrounds, opportunities to try new things or go to different places, exposure to different ideas and information.
 - a. How does the program facilitate this diversity?
 - b. What were the benefits and challenges of this diversity?
 - c. What were some of the perspectives, understandings, and experiences that differed in your program? How did these impact your group?
 - d. What is the role of diversity in your program?
5. How would you describe the common ground in the group (e.g., identity, opinion, experience, location)?
 - a. What were some of your shared/common understandings, experiences and/or perspectives in the program? How did this impact your group?
6. What have you learned since joining the group?
 - a. How have your attitudes, beliefs or opinions changed? Can you share an example?
 - b. Was the content relevant? Important? Useful? Why? How? Did you use it somewhere?
 - c. If your attitudes, beliefs or opinions have stayed the same, why do you think they have not changed? (E.g. is it based on your experience, what the facilitators are doing or not doing?)
 - d. Have there been any "aha" moments? Please describe.
 - e. Can you tell me about a time when you tried something new in the program that you never have before? How did that impact you?

Continued on next page.

7. What skills have you gained from your participation in the group?
 - a. Have you gained any leadership skills? If yes, could you provide examples?
 - b. Have you gained any critical thinking skills? If yes, could you provide examples?
 - c. Any other skills?

8. What else have you gained in addition to knowledge and skills?
 - a. Have you learned anything about yourself? Could you provide an example? Tell me about a time during your program that you learned something new about yourself.
 - b. Do you feel differently about yourself? Could you provide an example?
 - c. Do you feel differently about others? Could you provide an example?
 - d. Do you feel differently about the world around you? Could you provide an example?

9. What do you think have been your group's achievements this year?
 - a. What did you hope to accomplish?

10. How do you think the program has made/will make an impact in your community?
 - a. What are the outcomes from your program for youth, for families, for the organizations, for the community?
 - b. Can you tell me about a time in the program when you felt you made a difference (for your peers, your program, organization, community)? How? What did you do?
 - c. How do you know it made a difference?
 - d. How did your program help you make a difference? Please share some examples.

11. Tell me about a time that your experiences from your program had an impact on your life outside or after you left the program.
 - a. Looking back at your experience in your program, please share an important memory that still sticks with you. What makes it important? What does it say about who you are?
 - b. Are there changes in you that you attribute to the program? What are they? How did they happen?

12. What lessons have you learned that you think can be used to improve on the group?
 - a. Do/did you have needs that are/were not met in your programs?
 - b. Were there any barriers to being able to participate fully?

13. Is there anything else you think is important or would like to share?

Thank you so much for your participation in this group. Do you have any further questions or comments before we end?

Sharing the Stories

ID:

Your Name:

first name

last name

What is your birthdate?

Month:

Day:

Year:



What is Sharing the Stories?

- Sharing the Stories (StS) is about amplifying voice so that programs, organizations, and communities can better support young people and their families. We hope you'll take this opportunity to have your voice heard!
- Your participation is voluntary: you do not have to participate if you don't want to.
- We're asking for your name so we can follow your journey over time.
- Your feedback is confidential: your name will not be associated with any results and program staff will not know how you responded
- There are no known risks associated with participating in StS.

Online Registration

Sharing the Stories has an online portal where all the data we collect is stored. By registering as a user, you can login and complete surveys online, review your results, and update your profile. We encourage everyone to register as a user. Once this form is processed, you will receive an email confirmation.

Your email:

Your user code (password):

Please use a secure password containing a minimum of 8 characters, including at least one Capital letter and 1 number.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

Letter of Information and Consent Surveys

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how participants engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact participants, their communities and the systems they live in. We think this research is important because participants should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, which may upset or distress you. You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

You are being asked to complete one or more surveys either on paper, through texting, or apps or social media on your phone. Depending on the number of surveys you are being asked to complete, this may take between 10 and 30 minutes. Your survey results will be added to the survey results of youth, young adults, and adults across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can do so for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

All forms that have identifying information on them, like your name, will be separated from your data and stored in separate envelopes in locked cabinets.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the coach and/or find the Letter of Information on-line through the Sharing the Stories website

Please note: You have not waived any legal rights by consenting to participate in this study.

The completion of the below that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

By signing below, I consent to participate in this research study:

I also consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

Optional:

I need help completing my survey and agree to have someone assist me. I understand that they will know my responses.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

Session Attendance

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 1-2 minutes to fill out. It has 1 question.

Please answer the following question:

Session attendance	0	1	2	3	4	5	6	7	8	9	10
1. How many sessions of this program have you attended before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Mental Wellness

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15-20 minutes to fill out. It has 37 questions.

How much do you agree or disagree with the following statements?

MW1 Youth generativity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have knowledge and skills that I will pass on to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think about ways to help others become leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel it is important to help people younger than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

MW2 Optimism	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
4. I am positive about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Most problems can be solved by taking action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People are limited only by what they think possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can pretty much determine what will happen in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next question, imagine that '10' is the best possible life for you and '0' is the worst possible life for you.

MW3 Life satisfaction	0	1	2	3	4	5	6	7	8	9	10
6. Where do you feel you stand at the moment? Mark the circle next to the number that best describes where you stand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, please answer using the 10-point scale provided – 1 is very little (the least) and 10 is a lot (the most).

MW4 Mental health knowledge	1	2	3	4	5	6	7	8	9	10
How would you rate your...										
7. General knowledge about mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of strategies to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of resources/services to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Ability to know if you need help related to a mental health issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of how to address stigma surrounding youth mental health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

In the past 6 months, how often have you had the following? (Please mark one circle for each line)

MW5 Psychosomatic symptoms	About every day	More than once a week	About every week	About every month	Rarely or never
12. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Backache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Feeling low (depressed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the past week...

MW6 Emotional Concerns	Never	Seldom	Quite often	Very often	Always
20. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you had trouble making decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Have you often wished you were someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you often felt helpless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have you often felt left out of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Have you had a happy home life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Have you felt confident in yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

ID:

Feeling Safe

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15 minutes to fill out. It has 24 questions.

A. Here are some questions about your home. Use the scale to show how much you agree or disagree.

FS1 Safe Environment - Home	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My home makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my home treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Here are some questions about your school. Use the scale to show how much you agree or disagree.

FS2 Safe Environment - School	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my school treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Here are some questions about your online community. Use the scale to show how much you agree or disagree.

FS3 Safe Environment - Online	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My online community makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my online community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people online treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Here are some questions about your community. Use the scale to show how much you agree or disagree.

FS4 Safe Environment – Community	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My community makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my community treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

E. These questions ask about the community where you live. Use the scale to show how true the statements are for you.

FS5 Community Qualities	Not at all true	Slightly true	Fairly true	Very true	Completely true
1. In this community, there are enough opportunities to meet other youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In this community, young people can find many opportunities to entertain themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In this community, there are many events and activities, which are able to involve young people like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People in my community support each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People in my community are willing to help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. People in my community collaborate together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I think my community is a good place to live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel like I belong to my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

ID:

Critical Thinking in Everyday Life (short version)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5-10 minutes to fill out. It has 5 questions.

The following statements describe how you might think about certain things in your life. Select the answer that corresponds to how often you have done what is described in the last 30 days. For example, if you select 5 under “always” for an item that means you regularly do what is described in the statement. You always do it.

CTELS 1 Critical thinking in everyday life	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
1. I can easily express my thoughts on a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I usually have more than one source of information before making a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I compare ideas when thinking about a topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I keep my mind open to different ideas when planning to make a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am able to tell the best way of handling a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Mincemoyer, C., Perkins, D. F., & Munyua, C. (2001). Critical thinking in everyday life. Youth Life Skills Evaluation project at Penn State. State College, PA: Penn State University. Available online: <http://www.humanserviceresearch.com/youthlifefskillsevaluation/>

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

ID:

Perception of Influence

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 3 minutes to fill out. It has 4 questions.

POI 1 Self-reported influence	Not at all	Slightly	Very	Extremely
1. How influential do you think you are within your friend group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How influential do you think you are outside of your friend group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How influential do you think your friend group is to other groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How confident are you in your ability to motivate other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: The Students Commission of Canada. (2019). Perceptions of Influence scale. Golden, ON: The Students Commission of Canada.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

ID:

About You

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 20 minutes to fill out. It has 24 questions.

Here are some questions about you. This information helps us understand who is participating in the activities and programs that we are working with. This information will also help us understand how youth engagement may be similar or different depending on age, gender, ethnicity, language, income and what part of the country you live in. You do not have to answer anything you do not want to; all questions are optional.

What is your birthdate? Month: Day: Year:

What gender do you identify with? (Please choose all that apply)

- | | | | | |
|-------------------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Third Gender | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Bigender |
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Trans | <input type="checkbox"/> Gender-Neutral | <input type="checkbox"/> Agender | <input type="checkbox"/> Gender fluid |
| <input type="checkbox"/> Non-binary | | | | |

What cultural/ethnic group(s) do you identify with? (Please choose all that apply.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> East African (e.g. Ethiopian, Eritrean, Somali, etc.) | <input type="checkbox"/> Filipino | <input type="checkbox"/> Southeast Asian (e.g. Cambodian, Laotian, Indonesian, Vietnamese etc.) | <input type="checkbox"/> Western European (e.g. British, French, etc.) |
| <input type="checkbox"/> West African (e.g. Nigerian, Ghanaian, etc.) | <input type="checkbox"/> Inuk | <input type="checkbox"/> West Asian (e.g. Afghan, Iranian, Turkish, etc.) | <input type="checkbox"/> Eastern European (e.g. Ukrainian, Russian, etc.) |
| <input type="checkbox"/> Central African (e.g., Congolese, Gabonese, etc.) | <input type="checkbox"/> First Nations – status or non-status | <input type="checkbox"/> North American (e.g. Canadian, American, Mexican, etc.) | <input type="checkbox"/> Southern European (e.g. Greek, Italian, Macedonian, etc.) |
| <input type="checkbox"/> Southern African (e.g. Zimbabwean, South African, etc.) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Northern European (e.g. Swedish, Danish, etc.) | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Korean | | |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Latin American | | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Métis | | |
| | <input type="checkbox"/> South Asian (e.g. Indian, Pakistani, Sri Lankan, Tamil etc.) | | |

Do you consider yourself to be (Please choose all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bisexual (attracted to more than one gender) | <input type="checkbox"/> Lesbian (woman attracted to other women) | <input type="checkbox"/> Asexual (a person who has no sexual attraction to other people) |
| <input type="checkbox"/> Heterosexual/ Straight (attracted only to people who are not the same gender as you) | <input type="checkbox"/> Queer (anyone who does not identify as only heterosexual) | <input type="checkbox"/> Pansexual (not limited in sexual choice with regard to biological sex, gender, or gender identity.) |
| <input type="checkbox"/> Homosexual/Gay (attracted only to others of the same gender) | <input type="checkbox"/> Questioning (someone exploring their sexual orientation) | |

How do you identify (please choose all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> A person of colour | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Black | Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> White | |

Continued on next page.

What religion or belief system do you identify with? (Please choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Atheist (actively does not believe in God) | <input type="checkbox"/> Jainism | <input type="checkbox"/> Taoism |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Judaism | <input type="checkbox"/> Agnostic |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Indigenous Belief System | |
| <input type="checkbox"/> Confucianism | <input type="checkbox"/> Personal Belief System | |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Shinto | |
| | <input type="checkbox"/> Sikhism | |

Were you born in a country other than Canada?

- Yes No I don't know

Were your parents born in a country other than Canada?

- Yes No One was I don't know

Where do you live?

- In the country or on a farm In a small town (at least 5000 people) In a big town/small city (at least 10,000 people) In a big city On a reserve In a fly-in community

Do you live more than an hour's drive from a city?

- Yes No I don't know

When you are at home or with your family, what language(s) do you usually speak? (Please choose all that apply)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> First Nations Language | <input type="checkbox"/> Arabic | |
| <input type="checkbox"/> Bangla / Bengali | <input type="checkbox"/> Cantonese / Chinese / Mandarin | | | |
| <input type="checkbox"/> Filipino / Tagalog | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hindi | |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean | <input type="checkbox"/> Nepali | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tamil | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Japanese | | |

Do you have enough money to meet your basic needs (food, housing, clothing, health care)?

- Not at all Hardly ever Sometimes Mostly Always

Do you have enough money (from a job, parents/guardians, etc.) to do the fun things you'd like to do?

- Not at all Hardly ever Sometimes Mostly Always

Where do you live? (Choose one answer that best fits)

- | | | | | |
|---|--|---|--|---|
| <input type="radio"/> In your parent's home | <input type="radio"/> Homeless, not welcome at home, couch surfing | <input type="radio"/> Homeless, on the street | <input type="radio"/> With a guardian | <input type="radio"/> Other: please fill in Key Word Box at end of survey |
| <input type="radio"/> In your own home | | <input type="radio"/> In foster care | <input type="radio"/> In residence at school | |
| <input type="radio"/> In a group home | | | | |

Who do you live with? (Please choose all that apply)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Mom(s) Birth/ Adoptive | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Girlfriend / Boyfriend | <input type="checkbox"/> Parents share custody | <input type="checkbox"/> Staff / Residents of group home |
| <input type="checkbox"/> Dad(s) Birth/ Adoptive | <input type="checkbox"/> Other relatives | <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Pets | <input type="checkbox"/> Staff / Residents of closed custody facility |
| <input type="checkbox"/> Step Mom | <input type="checkbox"/> Brother(s) / Sister(s) | <input type="checkbox"/> My Child / Children | <input type="checkbox"/> Roommate(s) / Friend(s) | |
| <input type="checkbox"/> Step Dad | <input type="checkbox"/> Adopted / Foster Brother(s) / Sister(s) | <input type="checkbox"/> Aunt(s) / Uncle(s) | <input type="checkbox"/> Live on my own | |
| <input type="checkbox"/> Guardian | | <input type="checkbox"/> Grandfather / Grandmother | | |

What is your primary caregiver's (e.g. parent, guardian) highest level of education?

- | | | |
|---|--|--|
| <input type="radio"/> Doesn't apply or you don't know | <input type="radio"/> Did not finish high school | <input type="radio"/> Finished high school |
| <input type="radio"/> Some college or university | <input type="radio"/> Finished college or university | <input type="radio"/> Finished graduate degree |

Do you have a disability? Yes No

Continued on next page.

Do you have accessibility needs?

- Yes No
-

What city or town do you live in?

What province/territory do you live in?

- British Columbia Alberta Saskatchewan Manitoba Ontario Quebec New Brunswick Nova Scotia
 Prince Edward Island Newfoundland and Labrador Nunavut Yukon Northwest Territories
-

What is your postal code?

What country do you live in?

Are you in school?

- Yes No

What grade are you in?

- | | | | | |
|---------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Graduate Studies |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 13 | <input type="checkbox"/> CEGEP |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> College | |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> University | |
-

If you are in school, what marks do you usually get? If you're not in school what grades did you last get? (Also in Academic Success Module BUT scale is reversed and the question is written in the past tense.)

- Below 50% 50%-59% 60%-69% 70%-79% 80%-89% 90%-100%
-

What is your current work status?

- Working full time Apprenticeship Other: Please fill in description in Open Key Words box
 Working part time Not working at end of survey
-

Up to 5 keywords which best describe you or descriptions not included in the survey that you want to tell us. Please separate each keyword with a comma. This will help us learn about what makes you unique and help to change future surveys so that there are better choices for people.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP1 Surveys

Sharing the Stories

ID:

Your Name:

first name

last name

What is your birthdate?

Month:

Day:

Year:



What is Sharing the Stories?

- Sharing the Stories (StS) is about amplifying voice so that programs, organizations, and communities can better support young people and their families. We hope you'll take this opportunity to have your voice heard!
- Your participation is voluntary: you do not have to participate if you don't want to.
- We're asking for your name so we can follow your journey over time.
- Your feedback is confidential: your name will not be associated with any results and program staff will not know how you responded
- There are no known risks associated with participating in StS.

Online Registration

Sharing the Stories has an online portal where all the data we collect is stored. By registering as a user, you can login and complete surveys online, review your results, and update your profile. We encourage everyone to register as a user. Once this form is processed, you will receive an email confirmation.

Your email:

Your user code (password):

Please use a secure password containing a minimum of 8 characters, including at least one Capital letter and 1 number.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

Letter of Information and Consent Surveys

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how participants engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact participants, their communities and the systems they live in. We think this research is important because participants should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, which may upset or distress you. You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

You are being asked to complete one or more surveys either on paper, through texting, or apps or social media on your phone. Depending on the number of surveys you are being asked to complete, this may take between 10 and 30 minutes. Your survey results will be added to the survey results of youth, young adults, and adults across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can do so for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

All forms that have identifying information on them, like your name, will be separated from your data and stored in separate envelopes in locked cabinets.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the coach and/or find the Letter of Information on-line through the Sharing the Stories website

Please note: You have not waived any legal rights by consenting to participate in this study.

The completion of the below that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

By signing below, I consent to participate in this research study:

I also consent to the following (check all that apply):

- Audio recording
- Video recording
- Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

Optional:

- I need help completing my survey and agree to have someone assist me. I understand that they will know my responses.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

Session Attendance

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 1-2 minutes to fill out. It has 1 question.

Please answer the following question:

Session attendance	0	1	2	3	4	5	6	7	8	9	10
1. How many sessions of this program have you attended before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Mental Wellness

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15-20 minutes to fill out. It has 37 questions.

How much do you agree or disagree with the following statements?

MW1 Youth generativity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have knowledge and skills that I will pass on to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think about ways to help others become leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel it is important to help people younger than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

MW2 Optimism	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
4. I am positive about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Most problems can be solved by taking action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People are limited only by what they think possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can pretty much determine what will happen in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next question, imagine that '10' is the best possible life for you and '0' is the worst possible life for you.

MW3 Life satisfaction	0	1	2	3	4	5	6	7	8	9	10
6. Where do you feel you stand at the moment? Mark the circle next to the number that best describes where you stand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, please answer using the 10-point scale provided – 1 is very little (the least) and 10 is a lot (the most).

MW4 Mental health knowledge	1	2	3	4	5	6	7	8	9	10
How would you rate your...										
7. General knowledge about mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of strategies to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of resources/services to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Ability to know if you need help related to a mental health issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of how to address stigma surrounding youth mental health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

In the past 6 months, how often have you had the following? (Please mark one circle for each line)

MW5 Psychosomatic symptoms	About every day	More than once a week	About every week	About every month	Rarely or never
12. Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Backache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Feeling low (depressed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Irritability or bad temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Feeling nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Difficulties in getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Feeling dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the past week...

MW6 Emotional Concerns	Never	Seldom	Quite often	Very often	Always
20. Have you felt full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Have you felt sad?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have you felt lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Have you had enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been able to do the things that you want to do in your free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have your parent(s) treated you fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you had fun with your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Have you been able to pay attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you had trouble making decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Have you often wished you were someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you often felt helpless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have you often felt left out of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have you felt fit and well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Have you had a happy home life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Have you felt confident in yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

ID:

Feeling Safe

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15 minutes to fill out. It has 24 questions.

A. Here are some questions about your home. Use the scale to show how much you agree or disagree.

FS1 Safe Environment - Home	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My home makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my home treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Here are some questions about your school. Use the scale to show how much you agree or disagree.

FS2 Safe Environment - School	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my school treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Here are some questions about your online community. Use the scale to show how much you agree or disagree.

FS3 Safe Environment - Online	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My online community makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my online community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people online treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Here are some questions about your community. Use the scale to show how much you agree or disagree.

FS4 Safe Environment – Community	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My community makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my community treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

E. These questions ask about the community where you live. Use the scale to show how true the statements are for you.

FS5 Community Qualities	Not at all true	Slightly true	Fairly true	Very true	Completely true
1. In this community, there are enough opportunities to meet other youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In this community, young people can find many opportunities to entertain themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In this community, there are many events and activities, which are able to involve young people like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People in my community support each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People in my community are willing to help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. People in my community collaborate together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I think my community is a good place to live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel like I belong to my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs	Program: SIFT	Activity: Golden SIFT – TP4 Surveys
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ID:

Critical Thinking in Everyday Life (short version)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5-10 minutes to fill out. It has 5 questions.

The following statements describe how you might think about certain things in your life. Select the answer that corresponds to how often you have done what is described in the last 30 days. For example, if you select 5 under “always” for an item that means you regularly do what is described in the statement. You always do it.

CTELS 1 Critical thinking in everyday life	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
1. I can easily express my thoughts on a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I usually have more than one source of information before making a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I compare ideas when thinking about a topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I keep my mind open to different ideas when planning to make a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am able to tell the best way of handling a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Mincemoyer, C., Perkins, D. F., & Munyua, C. (2001). Critical thinking in everyday life. Youth Life Skills Evaluation project at Penn State. State College, PA: Penn State University. Available online: <http://www.humanserviceresearch.com/youthlifeskillevaluation/>

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

Perception of Influence

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 3 minutes to fill out. It has 4 questions.

POI 1 Self-reported influence	Not at all	Slightly	Very	Extremely
1. How influential do you think you are within your friend group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How influential do you think you are outside of your friend group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How influential do you think your friend group is to other groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How confident are you in your ability to motivate other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: The Students Commission of Canada. (2019). Perceptions of Influence scale. Golden, ON: The Students Commission of Canada.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

ID:

Youth Engagement Qualities

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 30 minutes to fill out. It has 44 questions.

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ2 Safe environment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This program makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in this program treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ8 Diversity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I met people with very different backgrounds, experiences and opinions than mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ9 Diverse peer relationships	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I made friends with someone of a different gender than my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I noticed I had a lot in common with people different from me (e.g., different backgrounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I got to know someone from a different ethnic group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I made friends with someone from a different social class (someone richer or poorer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ10 identity exploration	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Tried doing new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Tried a new way of acting around people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I do things here I don't get to do anywhere else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

B. These questions help us to learn about the setting or environment of your program.

YEQ11 – Features of positive developmental settings	Not at all	A little bit	Moderately	A lot	Completely
1. Is your involvement connected to your family, school, or other work you do in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How supportive and caring do you think the people there are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you feel that you can get things done in this organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you feel like you can make positive things happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you think that there is the right amount of structure and guidance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you think the people in the group show positive values?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you think there are opportunities to learn new things and develop new skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are there opportunities to learn new things and develop new skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you feel included by other people in this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

Mental Health and Wellness Knowledge and Skills

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 5 minutes to fill out. It has 7 questions.

Meeting/Event/Activity Date:

Please rate the following statements.

GBV1 Topic knowledge core Please indicate the degree to which you agree with the following statements.	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have greater understanding and knowledge of issues related to mental health and wellness (e.g. gender-based violence, racism, substance use).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My understanding and knowledge of how root causes (e.g. gender expectations, stereotypes, mental health, bullying) contribute to mental health and wellness challenges (e.g. gender-based violence, substance use) have increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a greater understanding of how and why mental health and wellness challenges (e.g. gender-based violence, substance use) happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My understanding and knowledge of how other forms of systemic violence (e.g. racism, classism) contribute to mental health and wellness (e.g. homelessness, gender-based violence, substance use) have increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My understanding of how to address issues related to mental health and wellness in my community has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My skills for identifying forms of mental health and wellness challenges (e.g. gender-based violence, racism) in my community have improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My interest in working on issues related to mental health and wellness (e.g. racism, poverty, human rights) has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

ID:

About You

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

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This module will take you about 20 minutes to fill out. It has 24 questions.

Here are some questions about you. This information helps us understand who is participating in the activities and programs that we are working with. This information will also help us understand how youth engagement may be similar or different depending on age, gender, ethnicity, language, income and what part of the country you live in. You do not have to answer anything you do not want to; all questions are optional.

What is your birthdate? Month: Day: Year:

What gender do you identify with? (Please choose all that apply)

- | | | | | |
|-------------------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Third Gender | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Bigender |
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Trans | <input type="checkbox"/> Gender-Neutral | <input type="checkbox"/> Agender | <input type="checkbox"/> Gender fluid |
| <input type="checkbox"/> Non-binary | | | | |

What cultural/ethnic group(s) do you identify with? (Please choose all that apply.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> East African (e.g. Ethiopian, Eritrean, Somali, etc.) | <input type="checkbox"/> Filipino | <input type="checkbox"/> Southeast Asian (e.g. Cambodian, Laotian, Indonesian, Vietnamese etc.) | <input type="checkbox"/> Western European (e.g. British, French, etc.) |
| <input type="checkbox"/> West African (e.g. Nigerian, Ghanaian, etc.) | <input type="checkbox"/> Inuk | <input type="checkbox"/> West Asian (e.g. Afghan, Iranian, Turkish, etc.) | <input type="checkbox"/> Eastern European (e.g. Ukrainian, Russian, etc.) |
| <input type="checkbox"/> Central African (e.g., Congolese, Gabonese, etc.) | <input type="checkbox"/> First Nations – status or non-status | <input type="checkbox"/> North American (e.g. Canadian, American, Mexican, etc.) | <input type="checkbox"/> Southern European (e.g. Greek, Italian, Macedonian, etc.) |
| <input type="checkbox"/> Southern African (e.g. Zimbabwean, South African, etc.) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Northern European (e.g. Swedish, Danish, etc.) | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Korean | | |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Latin American | | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Métis | | |
| | <input type="checkbox"/> South Asian (e.g. Indian, Pakistani, Sri Lankan, Tamil etc.) | | |

Do you consider yourself to be (Please choose all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bisexual (attracted to more than one gender) | <input type="checkbox"/> Lesbian (woman attracted to other women) | <input type="checkbox"/> Asexual (a person who has no sexual attraction to other people) |
| <input type="checkbox"/> Heterosexual/ Straight (attracted only to people who are not the same gender as you) | <input type="checkbox"/> Queer (anyone who does not identify as only heterosexual) | <input type="checkbox"/> Pansexual (not limited in sexual choice with regard to biological sex, gender, or gender identity.) |
| <input type="checkbox"/> Homosexual/Gay (attracted only to others of the same gender) | <input type="checkbox"/> Questioning (someone exploring their sexual orientation) | |

How do you identify (please choose all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Not sure | |
| <input type="checkbox"/> A person of colour | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> Black | Please fill in description in Open Key Words box at end of survey | |
| <input type="checkbox"/> White | | |

Continued on next page.

What religion or belief system do you identify with? (Please choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Atheist (actively does not believe in God) | <input type="checkbox"/> Jainism | <input type="checkbox"/> Taoism |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Judaism | <input type="checkbox"/> Agnostic |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Indigenous Belief System | |
| <input type="checkbox"/> Confucianism | <input type="checkbox"/> Personal Belief System | |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Shinto | |
| | <input type="checkbox"/> Sikhism | |

Were you born in a country other than Canada?

- Yes No I don't know

Were your parents born in a country other than Canada?

- Yes No One was I don't know

Where do you live?

- In the country or on a farm In a small town (at least 5000 people) In a big town/small city (at least 10,000 people) In a big city On a reserve In a fly-in community

Do you live more than an hour's drive from a city?

- Yes No I don't know

When you are at home or with your family, what language(s) do you usually speak? (Please choose all that apply)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> First Nations Language | <input type="checkbox"/> Arabic | |
| <input type="checkbox"/> Bangla / Bengali | <input type="checkbox"/> Cantonese / Chinese / Mandarin | | | |
| <input type="checkbox"/> Filipino / Tagalog | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hindi | |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean | <input type="checkbox"/> Nepali | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tamil | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Japanese | | |

Do you have enough money to meet your basic needs (food, housing, clothing, health care)?

- Not at all Hardly ever Sometimes Mostly Always

Do you have enough money (from a job, parents/guardians, etc.) to do the fun things you'd like to do?

- Not at all Hardly ever Sometimes Mostly Always

Where do you live? (Choose one answer that best fits)

- | | | | | |
|---|--|---|--|---|
| <input type="radio"/> In your parent's home | <input type="radio"/> Homeless, not welcome at home, couch surfing | <input type="radio"/> Homeless, on the street | <input type="radio"/> With a guardian | <input type="radio"/> Other: please fill in Key Word Box at end of survey |
| <input type="radio"/> In your own home | | <input type="radio"/> In foster care | <input type="radio"/> In residence at school | |
| <input type="radio"/> In a group home | | | | |

Who do you live with? (Please choose all that apply)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Mom(s) Birth/ Adoptive | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Girlfriend / Boyfriend | <input type="checkbox"/> Parents share custody | <input type="checkbox"/> Staff / Residents of group home |
| <input type="checkbox"/> Dad(s) Birth/ Adoptive | <input type="checkbox"/> Other relatives | <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Pets | <input type="checkbox"/> Staff / Residents of closed custody facility |
| <input type="checkbox"/> Step Mom | <input type="checkbox"/> Brother(s) / Sister(s) | <input type="checkbox"/> My Child / Children | <input type="checkbox"/> Roommate(s) / Friend(s) | |
| <input type="checkbox"/> Step Dad | <input type="checkbox"/> Adopted / Foster Brother(s) / Sister(s) | <input type="checkbox"/> Aunt(s) / Uncle(s) | <input type="checkbox"/> Live on my own | |
| <input type="checkbox"/> Guardian | | <input type="checkbox"/> Grandfather / Grandmother | | |

What is your primary caregiver's (e.g. parent, guardian) highest level of education?

- | | | |
|---|--|--|
| <input type="radio"/> Doesn't apply or you don't know | <input type="radio"/> Did not finish high school | <input type="radio"/> Finished high school |
| <input type="radio"/> Some college or university | <input type="radio"/> Finished college or university | <input type="radio"/> Finished graduate degree |

Do you have a disability? Yes No

Continued on next page.

Do you have accessibility needs?

- Yes No
-

What city or town do you live in?

What province/territory do you live in?

- British Columbia Alberta Saskatchewan Manitoba Ontario Quebec New Brunswick Nova Scotia
 Prince Edward Island Newfoundland and Labrador Nunavut Yukon Northwest Territories
-

What is your postal code?

What country do you live in?

Are you in school?

- Yes No

What grade are you in?

- | | | | | |
|---------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Graduate Studies |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 13 | <input type="checkbox"/> CEGEP |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> College | |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> University | |
-

If you are in school, what marks do you usually get? If you're not in school what grades did you last get? (Also in Academic Success Module BUT scale is reversed and the question is written in the past tense.)

- Below 50% 50%-59% 60%-69% 70%-79% 80%-89% 90%-100%
-

What is your current work status?

- Working full time Apprenticeship Other: Please fill in description in Open Key Words box
 Working part time Not working at end of survey
-

Up to 5 keywords which best describe you or descriptions not included in the survey that you want to tell us. Please separate each keyword with a comma. This will help us learn about what makes you unique and help to change future surveys so that there are better choices for people.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – TP4 Surveys

ID:



Post-session Participant Reflection (regular sessions)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to.

This module will take you about 8 minutes to fill out. It has 4 questions.

1. How much of yourself or your story did you want to share today?

- Not at all A little bit Moderately A lot Completely

i. Were you able to achieve that?

- Yes No

ii. Why or Why not?

2. At the end of today's session, how much do you feel like you belong to this group?

- Not at all A little bit Moderately A lot Completely

3. Did anything from today's session help you feel safer in this space?

- Yes No Unsure

i. If yes, please share an example(s):

ii. If no or unsure, please tell us more if you'd like:

4. Did anything make this space feel less safe for you (i.e., compromise safety of space)?

- Yes No Unsure

i. If yes, please share an example(s):

ii. If no or unsure, please tell us more if you'd like:

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization: CEYE/SC Research and Programs

Program: SIFT

Activity: Golden SIFT – Post-Session Surveys

REVISED SIFT Post-Session Reflection

Name:

Date:

Session Length (in Minutes):

Session Location:

Youth who attended (**Bold** New Youth Names):

Staff and Other Attendees (e.g., volunteers) *and* Role(s):

(Briefly) What activities did you do today?

What from today's session worked well? Why do you think it worked well?

What didn't work? Why do you think it didn't work?

Did you adjust or change your approach or the content to make it more meaningful for group?
If yes, what did you change? Why?

How did youth respond to the session?

What topics and conversations stood out? Were there any 'a-ha' moments in regards to youth learning?

Were there any challenging conversations or questions difficult to address or answer?

What changes have you seen among participants since your last reflection? (consider behaviours, language used, attitudes, etc.)

Describe a moment(s) in the group that was Particularly Meaningful, or where you saw the Safer Space come alive:

Registration and Consent

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Sharing the Stories

ID:

Your Name:

first name

last name

What is your birthdate?

Month:

Day:

Year:



What is Sharing the Stories?

- Sharing the Stories (StS) is about amplifying voice so that programs, organizations, and communities can better support young people and their families. We hope you'll take this opportunity to have your voice heard!
- Your participation is voluntary: you do not have to participate if you don't want to.
- We're asking for your name so we can follow your journey over time.
- Your feedback is confidential: your name will not be associated with any results and program staff will not know how you responded
- There are no known risks associated with participating in StS.

Online Registration

Sharing the Stories has an online portal where all the data we collect is stored. By registering as a user, you can login and complete surveys online, review your results, and update your profile. We encourage everyone to register as a user. Once this form is processed, you will receive an email confirmation.

Your email:

Your user code (password):

Please use a secure password containing a minimum of 8 characters, including at least one Capital letter and 1 number.

Organization:

Program:

Activity:

Partageons nos histoires

ID:



La commission
des étudiants
*Le centre d'excellence pour
l'engagement des jeunes*

Votre nom :

prénom

nom de famille

Quelle est votre date de naissance? Mois:

Jour:

Année:

Qu'est-ce que Partageons nos histoires?

- Partageons nos histoires (PnH) c'est élever les voix pour que les programmes, organismes et communautés puissent mieux appuyer les jeunes et leurs familles. Nous espérons que vous allez profiter de la chance de vous faire entendre!
- Votre participation est volontaire: vous n'êtes pas obligé de participer.
- Nous demandons votre nom pour suivre votre aventure.
- Vos commentaires sont confidentiels: votre nom ne sera pas associé à un résultat et les employés ne connaîtront pas vos réponses.
- Il n'y a aucun risque connu lié à la participation à PnH.



FRENCH Demande en ligne

Partageons nos histoires possède un portail en ligne où toutes les données sont stockées. En faisant une demande, vous pouvez ouvrir une session et compléter les sondages en ligne, revoir vos résultats et mettre à jour votre profil. Nous vous encourageons à vous inscrire. Une fois le formulaire rempli, vous recevrez une confirmation par courriel.

Votre courriel :

Votre code (mot de passe) :

Veillez utiliser un mot de passe sécuritaire contenant au moins 8 caractères et au moins une majuscule et un chiffre.

Organisation :

Programme :

Activité :

Master Letter of Information and Consent

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how **participants** engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why Me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact **participants**, their communities and the systems they live in. We think this research is important because **participants** should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, **which may upset or distress you**. You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

If you agree to participate, over the course of your participation in this program, you may have a number of different opportunities to share your voice.

Surveys:

You may be asked to complete **one or more survey** either on paper, on-line, through texting, or apps or social media on your phone. **Depending on the number of surveys you are being asked to complete, this may take between 10 and 30 minutes.** Your survey results will be added to the survey results of **youth, young adults, and adults** across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can do so for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca.

Focus groups and interviews:

You may be asked to participate in focus groups or interviews either in-person, on the phone, or via on-line/social media video conferencing (like **Zoom**). **Focus groups and interviews may take between 30 and 90 minutes, depending on the size of the group and the degree of engagement, ie. If more information/experiences are shared, the focus group may take longer.** Focus groups and interviews may be transcribed by a SCC team member who has signed a confidentiality form. The transcripts will be analyzed for common themes and trends. We will include quotes from some of the focus groups/interviews when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify participants. During the interview or focus group, please let us know if you say anything you do not want quoted.

Please note that in focus groups, we can assure our own confidentiality, but we can't guarantee that other participants will maintain confidentiality. Please consider this when you respond to questions.

You can withdraw consent for your interview from the study for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca; however, withdrawing consent for a focus group is not possible because we will not be able to identify your responses by voice or in the anonymized notes or transcription, or the removal of your responses may compromise another participants' responses. You can request the removal of your quote from an evaluation or research report by contacting Nish Khanna at nish@studentscommission.ca.

Arts- and activity-based methods:

You may be asked to participate in arts-based evaluation in-person, online or via social media (ex. Instagram posts). These arts-based evaluations may take between 30 and 90 minutes, depending on the size of the group and the degree of engagement, ie. If more individuals share their experiences, the focus group will take longer. You can choose to allow all, parts, or none of your contributions for research use. Materials you create may be shared in reports; however, we will never include any real names with your art work.

We will take notes and/or audio record the discussion. Audio will be transcribed by a SCC team member who has signed a confidentiality form. The transcripts will be analyzed for common themes and trends. We will include quotes when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify participants. During the discussion, please let us know if you say anything you do not want quoted.

You may withdraw from the study for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca. However, if any of your contributions are linked to group contributions (e.g. you helped create a collage from photographs, or something you said sparked group discussion), your contributions will be difficult to remove and may still be used.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Please note: You have not waived any legal rights by consenting to participate in this study.

Keep one copy of the Letter of Information for your records and/or find the Letter of Information on-line through the Sharing the Stories website.

The completion of the below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

By signing below, I consent to participate in this research study:

I also consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

Optional:

I need help completing my survey and agree to have someone assist me. I understand that they will know my responses.

Organization:	Program:	Activity:
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For Internal Use Only: The person below has discussed this consent with the participant:

Name:

Signature:

Date:



Lettre d'information et de consentement maître

Titre de l'étude : Partageons nos histoires

Noms des chercheurs : Nishad Khanna, la Commission des étudiants du Canada, D^r Benjamin Kutsyuruba, **Faculté de l'éducation, Université Queen's**, D^{re} Heather Lawford, Département de psychologie, Université Bishop's, D^{re} Heather Ramey, Études sur l'Enfance et la Jeunesse, Université Brock

Nous invitons les participants de ce programme à **prendre part** à une étude de recherche intitulée Partageons nos histoires. Partageons nos histoires examine comment **les participants** s'engagent dans ce programme. Cette recherche est menée par La Commission des étudiants du Canada, un organisme de bienfaisance national qui travaille de concert avec d'autres pour aider à construire un monde où les jeunes sont valorisés et entendus, et où leurs idées d'améliorations, que ce soit de leur personne, de leurs et pairs ou de leurs communautés sont mises en action.

Pourquoi moi?

On vous demande **votre contribution** parce que vous **êtes le/la mieux placé(e) pour raconter votre expérience**; votre voix nous aide à comprendre comment les programmes impactent **les participants**, leurs communautés et les systèmes dans lesquels ils vivent. Nous croyons que cette recherche est importante, car l'on croit que **les participants** doivent avoir leur mot à dire dans les décisions et les politiques qui touchent directement leurs vies et leur bien-être.

Quels sont les enjeux?

La participation à cette étude est volontaire. Vous n'êtes pas obligé d'accepter de participer à cette étude. Les enjeux de cette étude sont minimes; nous poserons peut-être des questions délicates ou personnelles **qui peuvent vous déranger ou vous bouleverser**. Vous n'êtes pas obligé de répondre **aux questions qui vous rendent inconfortable**. Vous pouvez cesser de participer **à tout moment** sans conséquence. Si vous avez **de fortes** réactions émotives, entrez en contact avec le personnel de votre programme ou l'animateur de La Commission des étudiants du Canada en charge de la collecte de données. Il pourra vous guider vers du soutien. Il n'y a aucun avantage direct à participer à cette étude, à moins qu'un membre du personnel de votre programme ou un facilitateur de la Commission des étudiants ne vous ait avisé qu'un budget prévoit le versement d'honoraires sous forme d'un petit chèque-cadeau de 25 \$

Nous conserverons vos données de façon sécuritaire indéfiniment. Votre confidentialité sera protégée autant que possible en remplaçant votre nom par un code unique pour toutes les données dans toutes les publications. La liste des codes correspondants aux noms véridiques sera entreposée **de façon sécuritaire séparément des données**. À part l'équipe de recherche, seuls les assistants à la recherche ayant signé une entente de confidentialité pourront accéder aux données.

Il existe trois occasions lors desquelles nous devons possiblement partager votre information personnelle avec une tierce partie :

- Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.
- Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.
- Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.

Le Queen's General Research Ethics Board (GREB) (Comité d'éthique de la recherche) peut demander l'accès aux données de la recherche pour s'assurer que l'équipe de recherche rencontre ses obligations éthiques tout en menant cette étude. Le GREB est lié par la confidentialité et ne partagera aucune information personnelle. (Veuillez noter : le GREB ne communique qu'en anglais).

Comment ça fonctionne?

Si vous consentez à **contribuer**, pendant votre participation dans le programme, vous aurez plusieurs occasions de vous faire entendre.

Sondages :

On vous demandera peut-être de compléter **un ou plusieurs questionnaires** sur papier, en ligne ou par texto/appli/médias sociaux sur votre téléphone. **Cela vous prendra entre 10 et 30 minutes selon le nombre de questionnaires à compléter**. Les résultats de votre sondage seront jumelés aux résultats des sondages **de jeunes, de jeunes adultes, et d'adultes** partout au pays et analysés pour identifier des tendances et des changements. Personne ne saura que vous avez répondu à une question – vos réponses seront rendues anonymes dans la recherche. Si vous décidez que vous voulez vous retirer de l'étude, vous pourrez le faire dans les trois mois suivant l'étude en contactant Nish Khanna à nish@studentscommission.ca.

Groupes de discussion et entrevues :

On vous demandera peut-être de participer à des entrevues **ou des groupes de discussions** en personne, par téléphone, via les médias sociaux ou par visioconférence (comme Zoom). **Les entrevues et les groupes de discussions peuvent durer entre 30 et 90 minutes, selon la taille du groupe et le degré de participation, par exemple, s'il y a plus d'information ou d'expériences qui sont partagées, ça peut prendre un peu plus de temps.** Les groupes de **discussion** et entrevues peuvent être transcrits par un membre de la CÉC qui a signé un formulaire de

confidentialité. Les transcriptions seront analysées pour y repérer des thèmes et tendances communes. Nous y incluons des citations des discussions/entrevues lorsque nous présenterons nos résultats. Toutefois, nous n'incluons jamais les vrais noms associés aux citations, et nous ferons notre possible pour nous assurer que les citations n'incluront pas d'information qui pourrait identifier indirectement les participants. Pendant les entrevues ou groupes de discussions, faites-nous savoir si vous ne voulez pas être cité.

Veillez noter que pendant les discussions de groupe, nous pouvons assurer notre propre confidentialité, mais ne pouvons garantir que les autres participants l'assureront. Veuillez en tenir compte lorsque vous répondez aux questions.

Vous pouvez retirer votre consentement à l'entrevue de l'étude trois mois après avoir complété l'étude en contactant Nish Khanna à nish@studentscommission.ca; toutefois, retirer son consentement d'un groupe de discussion est impossible, car nous ne pourrions identifier vos réponses par la voix, les notes anonymes ou les transcriptions, **et le retrait de votre réponse pourrait compromettre les réponses des autres participants.** Vous pouvez demander le retrait de votre citation d'une évaluation ou recherche en contactant Nish Khanna à nish@studentscommission.ca.

*Méthodes fondées sur les arts **et les activités**:*

On vous demandera peut-être de participer à une évaluation basée sur les arts **et/ou les activités** en personne, en ligne ou via les médias sociaux (ex. : statuts Instagram). **Ces évaluations basées sur les arts et/ou les activités peuvent prendre de 30 à 90 minutes, selon la taille du groupe et le degré de participation, par exemple, s'il y a plus d'information ou d'expériences qui sont partagées, ça peut prendre un peu plus de temps.** Vous pouvez choisir de permettre que toutes, une partie ou aucune de vos contributions soient utilisées aux fins de recherche. Le matériel créé peut être partagé dans des rapports; toutefois, nous n'incluons jamais de vrais noms associés à vos œuvres d'art.

Nous prendrons des notes et/ou enregistrerons la discussion. Les enregistrements audio seront retranscrits par un membre de l'équipe de la CÉC qui aura signé un formulaire de confidentialité. Les transcriptions seront analysées afin d'en dégager les tendances et thèmes récurrents. Nous incluons des citations dans la présentation de nos résultats. Toutefois, nous ne citerons jamais de noms réels et nous ferons de notre mieux pour que les citations ne contiennent pas d'informations susceptibles d'identifier indirectement les participants. Au cours de la discussion, n'hésitez pas à nous prévenir si vous dites quelque chose que vous ne souhaitez pas voir cité.

Vous pouvez vous retirer de l'étude dans les trois mois après avoir complété l'étude en contactant Nish Khanna à nish@studentscommission.ca. Si vos contributions sont associées à des contributions de groupe (ex. : vous avez contribué à créer un collage de photos, ou quelque chose que vous avez dit qui a initié une discussion), il sera difficile de retirer vos contributions. Elles pourront toujours être utilisées.

Il est possible que nous cueillions de l'information sur vous et votre identité, ainsi que toute expérience avec les programmes. Nous espérons publier les résultats de cette étude dans des revues scientifiques et les présenter à des conférences. Toute l'information sera présentée **uniquement** à des groupes. On ne pourra pas retracer une réponse directement à vous. Les données seront anonymes. Ceci signifie que vous ne serez aucunement associé à vos réponses ou à l'étude en général.

La conformité éthique de cette étude a été vérifiée par le General Research Ethics Board (GREB) de l'Université Queen's. Si vous avez des préoccupations de nature éthique, veuillez contacter le General Research Ethics Board (GREB) au 1-844-535-2988 (sans frais en Amérique du Nord) ou chair.GREB@queensu.ca.

Si vous avez des questions concernant la recherche, veuillez contacter le Dr. Benjamin Kutsyuruba à ben.kutsyuruba@queensu.ca ou au 613-533-3049 ou Nish Khanna à nish@studentscommission.ca ou 416-597-8297.

Cette lettre d'information vous donne les détails qui vous aideront à faire un choix éclairé. Toutes les questions devraient être répondues à votre satisfaction avant que vous ne décidiez si vous voulez participer à cette étude ou non.

Veillez noter : Vous n'avez renoncé à aucun droit en consentant de participer à cette étude.

Conservez une copie de la Lettre d'information pour vos registres et/ou trouver la Lettre d'information en ligne via le site de Partageons nos histoires.

Remplir les champs ci-dessous indique que vous comprenez les conditions de participation à l'étude ci-dessus et que vous avez eu l'occasion de poser des questions aux chercheurs. N'oubliez pas :

- Ma participation est volontaire
- Je peux retirer mon consentement dans les trois mois
- Je peux ne pas répondre à certaines questions
- Si j'ai plus de 12 ans, je peux donner mon propre consentement.

En signant ci-dessous, je consens à participer à cette étude :

Je consens également à ce qui suit (cocher toutes les réponses qui s'appliquent) :

Enregistrements audio

Enregistrements vidéo

Utilisation de citations

Nom du participant :

Signature :

Date :

Signature du parent ou du tuteur légal :

(si le participant a moins de 12 ans, la décharge doit être signée par le parent ou le tuteur)

Facultatif :

J'ai besoin d'aide pour remplir mon questionnaire et j'accepte que quelqu'un me vienne en aide. Je comprends que cette personne connaîtra mes réponses.

Organisation :

Programme :

Activité :

À usage interne seulement : la personne ci-dessous a discuté de ce consentement avec le participant :

Nom:

Signature:

Date:

Letter of Information and Consent Surveys

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

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What are the risks?

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We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

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We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

All forms that have identifying information on them, like your name, will be separated from your data and stored in separate envelopes in locked cabinets.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the coach and/or find the Letter of Information on-line through the Sharing the Stories website

Please note: You have not waived any legal rights by consenting to participate in this study.

The completion of the below that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

By signing below, I consent to participate in this research study:

I also consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

Optional:

I need help completing my survey and agree to have someone assist me. I understand that they will know my responses.

Organization:

Program:

Activity:

For Internal Use Only: The person below has discussed this consent with the participant:

Name:

Signature:

Date:



Letter d'information et consentement aux sondages

Titre de l'étude: Partageons nos histoires

Noms des chercheurs : Nishad Khanna, la Commission des étudiants du Canada, D^r Benjamin Kutsyuruba, **Faculté de l'éducation, Université Queen's**, D^{re} Heather Lawford, Département de psychologie, Université Bishop's, D^{re} Heather Ramey, Études sur l'Enfance et la Jeunesse, Université Brock

Nous invitons les participants de ce programme à **prendre part** à une étude de recherche intitulée Partageons nos histoires. Partageons nos histoires examine comment les **participants** s'engagent dans ce programme. Cette recherche est menée par La Commission des étudiants du Canada, un organisme de bienfaisance national qui travaille de concert avec d'autres pour aider à construire un monde où les jeunes sont valorisés et entendus, et où leurs idées d'améliorations, que ce soit de leur personne, de leurs et pairs ou de leurs communautés sont mises en action.

Pourquoi moi?

On vous demande **votre contribution** parce que vous **êtes le/la mieux placé(e) pour raconter votre expérience**, votre voix nous aide à comprendre comment les programmes impactent les **participants**, leurs communautés et les systèmes dans lesquels ils vivent. Nous croyons que cette recherche est importante, car l'on croit que les **participants** doivent avoir leur mot à dire dans les décisions et les politiques qui touchent directement leurs vies et leur bien-être.

Quels sont les enjeux?

La participation à cette étude est volontaire. Vous n'êtes pas obligé d'accepter de participer à cette étude. Les enjeux de cette étude sont minimes; nous poserons peut-être des questions délicates ou personnelles **qui peuvent vous déranger ou vous bouleverser**. Vous n'êtes pas obligé de répondre **aux questions qui vous rendent inconfortable**. Vous pouvez cesser de participer à **tout moment** sans conséquence. Si vous avez **de fortes** réactions émotives, entrez en contact avec le personnel de votre programme ou l'animateur de La Commission des étudiants du Canada en charge de la collecte de données. Il pourra vous guider vers du soutien. Il n'y a aucun avantage direct à participer à cette étude, à moins qu'un membre du personnel de votre programme ou un facilitateur de la Commission des étudiants ne vous ait avisé qu'un budget prévoit le versement d'honoraires sous forme d'un petit chèque-cadeau de 25 \$

Nous conserverons vos données de façon sécuritaire indéfiniment. Votre confidentialité sera protégée autant que possible en remplaçant votre nom par un code unique pour toutes les données dans toutes les publications. La liste des codes correspondants aux noms véridiques sera entreposée **de façon sécuritaire séparément des données**. À part l'équipe de recherche, seuls les assistants à la recherche ayant signé une entente de confidentialité pourront accéder aux données.

Il existe trois occasions lors desquelles nous devons possiblement partager votre information personnelle avec une tierce partie :

- Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.
- Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.
- Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.

Le Queen's General Research Ethics Board (GREB) (Comité d'éthique de la recherche) peut demander l'accès aux données de la recherche pour s'assurer que l'équipe de recherche rencontre ses obligations éthiques tout en menant cette étude. Le GREB est lié par la confidentialité et ne partagera aucune information personnelle. (Veuillez noter : le GREB ne communique qu'en anglais).

Comment ça fonctionne?

On vous demande de compléter **un ou plusieurs questionnaires** sur papier, en ligne ou par texto/appli/médias sociaux sur votre téléphone. **Cela vous prendra entre 10 et 30 minutes selon le nombre de questionnaires à compléter**. Les résultats de votre sondage seront jumelés aux résultats des sondages **de jeunes, de jeunes adultes, et d'adultes** partout au pays et analysés pour identifier des tendances et des changements. Personne ne saura que vous avez répondu à une question – vos réponses seront rendues anonymes dans la recherche. Si vous décidez que vous voulez vous retirer de l'étude, vous pourrez le faire dans les trois mois suivant l'étude en contactant Nish Khanna à nish@studentscommission.ca.

Il est possible que nous cueillions de l'information sur vous et votre identité, ainsi que toute expérience avec les programmes. Nous espérons publier les résultats de cette étude dans des revues scientifiques et les présenter à des conférences. Toute l'information sera présentée **uniquement** à des groupes. On ne pourra pas retracer une réponse directement à vous. Les données seront anonymes. Ceci signifie que vous ne serez aucunement associé à vos réponses ou à l'étude en général.

Tous les formulaires qui contiennent des informations sur vous, comme votre nom, seront séparés des données et insérés dans des enveloppes séparées dans des tiroirs verrouillés.

La conformité éthique de cette étude a été vérifiée par le General Research Ethics Board (GREB) de l'Université Queen's. Si vous avez des préoccupations de nature éthique, veuillez contacter le General Research Ethics Board (GREB) au 1-844-535-2988 (sans frais en Amérique du Nord) ou chair.GREB@queensu.ca.

Si vous avez des questions concernant la recherche, veuillez contacter le Dr. Benjamin Kutsyuruba à ben.kutsyuruba@queensu.ca ou au 613-533-3049 ou Nish Khanna à nish@studentscommission.ca ou 416-597-8297.

Cette lettre d'information vous donne les détails qui vous aideront à faire un choix éclairé. Toutes les questions devraient être répondues à votre satisfaction avant que vous ne décidiez si vous voulez participer à cette étude ou non.

Conservez une copie de la Lettre d'information pour vos registres et retournez-en une copie au coach et/ou trouvez la Lettre d'information en ligne via le site de Partageons nos histoires.

Veuillez noter que vous ne renoncez à aucun droit en consentant de participer à cette étude.

Remplir les champs ci-dessous indique que vous comprenez les conditions de participation à l'étude ci-dessus et que vous avez eu l'occasion de poser des questions aux chercheurs. N'oubliez pas :

- Ma participation est volontaire
- Je peux retirer mon consentement dans les trois mois
- Je peux ne pas répondre à certaines questions
- Si j'ai plus de 12 ans, je peux donner mon propre consentement.

En signant ci-dessous, je consens à participer à cette étude :

Je consens également à ce qui suit (cocher toutes les réponses qui s'appliquent) :

Enregistrements audio

Enregistrements vidéo

Utilisation de citations

Non du participant :

Signature :

Date :

Signature du parent ou du tuteur légal :

(si le participant a moins de 12 ans, la décharge doit être signée par le parent ou tuteur)

Facultatif :

J'ai besoin d'aide pour remplir mon questionnaire et j'accepte que quelqu'un me vienne en aide. Je comprends que cette personne connaîtra mes réponses.

Organisation :

Programme :

Activité :

À usage interne seulement : la personne ci-dessous a discuté de ce consentement avec le participant :

Nom:

Signature:

Date:

Letter of Information and Consent Surveys (Online)

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how **participants** engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact **participants**, their communities and the systems they live in. We think this research is important because **participants** should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, **which may upset or distress you.** You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

You are being asked to complete **one or more surveys** either on-line, through texting, or apps or social media on your phone. **Depending on the number of surveys you are being asked to complete, this may take between 10 and 30 minutes.** Your survey results will be added to the survey results of **youth, young adults, and adults** across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can do so for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

If you would like a copy of the Letter of Information and Consent, please find it on-line through the Sharing the Stories website.

Please note: You have not waived any legal rights by consenting to participate in this study.

I have read and understand the Letter of Information and Consent about the Research Study and understand that:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

If I am under 12, I have included the email address (below) of my parent/guardian, and agree that they will be sent an email asking for their consent to have me participate in this program.

My parent's email:

(Fill in only if you are under 12 and need their consent to participate.)

By completing the following sections, I am verifying that: I have read the Letter of Information and all of my questions have been answered.

I consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

I consent to participate in this research study. **required**

Yes / No [drop-down]

Captcha Code **required**

Optional:

I need help completing my survey and agree to have someone assist me. I understand that they will know my responses.

For Internal Use Only: The person below has discussed this consent with the participant:

Name:

Signature:

Date:



Lettre d'information et consentement aux sondages (en ligne)

Titre de l'étude : Partageons nos histoires

Noms des chercheurs : Nishad Khanna, la Commission des étudiants du Canada, D^r Benjamin Kutsyuruba, Faculté de l'éducation, Université Queen's, D^{re} Heather Lawford, Département de psychologie, Université Bishop's, D^{re} Heather Ramey, Études sur l'Enfance et la Jeunesse, Université Brock

Nous invitons les participants de ce programme à **prendre part** à une étude de recherche intitulée Partageons nos histoires. Partageons nos histoires examine comment **les participants** s'engagent dans ce programme. Cette recherche est menée par La Commission des étudiants du Canada, un organisme de bienfaisance national qui travaille de concert avec d'autres pour aider à construire un monde où les jeunes sont valorisés et entendus, et où leurs idées d'améliorations, que ce soit de leur personne, de leurs et pairs ou de leurs communautés sont mises en action.

Pourquoi moi?

On vous demande **votre contribution** parce que vous **êtes le/la mieux placé(e) pour raconter votre expérience**, votre voix nous aide à comprendre comment les programmes impactent **les participants**, leurs communautés et les systèmes dans lesquels ils vivent. Nous croyons que cette recherche est importante, car l'on croit que **les participants** doivent avoir leur mot à dire dans les décisions et les politiques qui touchent directement leurs vies et leur bien-être.

Quels sont les enjeux?

La participation à cette étude est volontaire. Vous n'êtes pas obligé d'accepter de participer à cette étude. Les enjeux de cette étude sont minimes; nous poserons peut-être des questions délicates ou personnelles **qui peuvent vous déranger ou vous bouleverser**. Vous n'êtes pas obligé de répondre **aux questions qui vous rendent inconfortable**. Vous pouvez cesser de participer à **tout moment** sans conséquence. Si vous avez **de fortes** réactions émotives, entrez en contact avec le personnel de votre programme ou l'animateur de La Commission des étudiants du Canada en charge de la collecte de données. Il pourra vous guider vers du soutien. Il n'y a aucun avantage direct à participer à cette étude, à moins qu'un membre du personnel de votre programme ou un facilitateur de la Commission des étudiants ne vous ait avisé qu'un budget prévoit le versement d'honoraires sous forme d'un petit chèque-cadeau de 25 \$

Nous conserverons vos données de façon sécuritaire indéfiniment. Votre confidentialité sera protégée autant que possible en remplaçant votre nom par un code unique pour toutes les données dans toutes les publications. La liste des codes correspondants aux noms véridiques sera entreposée **de façon sécuritaire séparément des données**. À part l'équipe de recherche, seuls les assistants à la recherche ayant signé une entente de confidentialité pourront accéder aux données.

Il existe trois occasions lors desquelles nous devons possiblement partager votre information personnelle avec une tierce partie :

- Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.
- Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.
- Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.

Le Queen's General Research Ethics Board (GREB) (Comité d'éthique de la recherche) peut demander l'accès aux données de la recherche pour s'assurer que l'équipe de recherche rencontre ses obligations éthiques tout en menant cette étude. Le GREB est lié par la confidentialité et ne partagera aucune information personnelle. (Veuillez noter : le GREB ne communique qu'en anglais).

Comment ça fonctionne?

On vous demande de compléter **un ou plusieurs questionnaires** sur papier, en ligne ou par texto/appli/médias sociaux sur votre téléphone. **Cela vous prendra entre 10 et 30 minutes selon le nombre de questionnaires à compléter**. Les résultats de votre sondage seront jumelés aux résultats des sondages **de jeunes, de jeunes adultes, et d'adultes** partout au pays et analysés pour identifier des tendances et des changements. Personne ne saura que vous avez répondu à une question – vos réponses seront rendues anonymes dans la recherche. Si vous décidez que vous voulez vous retirer de l'étude, vous pourrez le faire dans les trois mois suivant l'étude en contactant Nish Khanna à nish@studentscommission.ca.

Il est possible que nous cueillions de l'information sur vous et votre identité, ainsi que toute expérience avec les programmes. Nous espérons publier les résultats de cette étude dans des revues scientifiques et les présenter à des conférences. Toute l'information sera présentée **uniquement** à des groupes. On ne pourra pas retracer une réponse directement à vous. Les données seront anonymes. Ceci signifie que vous ne serez aucunement associé à vos réponses ou à l'étude en général.

La conformité éthique de cette étude a été vérifiée par le General Research Ethics Board (GREB) de l'Université Queen's. Si vous avez des préoccupations de nature éthique, veuillez contacter le General Research Ethics Board (GREB) au 1-844-535-2988 (sans frais en Amérique du Nord) ou chair.GREB@queensu.ca.

Si vous avez des questions concernant la recherche, veuillez contacter le Dr. Benjamin Kutsyuruba à ben.kutsyuruba@queensu.ca ou au 613-533-3049 ou Nish Khanna à nish@studentscommission.ca ou 416-597-8297.

Cette lettre d'information vous donne les détails qui vous aideront à faire un choix éclairé. Toutes les questions devraient être répondues à votre satisfaction avant que vous ne décidiez si vous voulez participer à cette étude ou non.

Conservez une copie de la Lettre d'information pour vos registres et retournez-en une copie au coach et/ou trouvez la Lettre d'information en ligne via le site de Partageons nos histoires.

Veuillez noter que vous ne renoncez à aucun droit en consentant de participer à cette étude.

Remplir les champs ci-dessous indique que vous comprenez les conditions de participation à l'étude ci-dessus et que vous avez eu l'occasion de poser des questions aux chercheurs. N'oubliez pas :

- Ma participation est volontaire
- Je peux retirer mon consentement dans les trois mois
- Je peux ne pas répondre à certaines questions
- Si j'ai plus de 12 ans, je peux donner mon propre consentement.

Si j'ai moins de 12 ans, j'ai inclus le courriel (ci-dessous) de mon parent/tuteur, et je consens à ce qu'ils reçoivent un courriel leur demandant leur consentement pour que je participe au programme.

Le courriel de mon parent :

(Remplir si moins de 12 ans et avez besoin d'un consentement pour participer.)

En signant ci-dessous, je consens à participer à cette étude : je certifie que: j'ai lu la Lettre d'information et toutes mes questions ont été répondues.

Je consens également à ce qui suit (cocher toutes les réponses qui s'appliquent) :

Enregistrements audio

Enregistrements vidéo

Utilisation de citations

Je consens à participer à cette étude de recherche. **requis**

Oui / Non [menu déroulant]

Code Captcha Code **requis**

Facultatif :

J'ai besoin d'aide pour remplir mon questionnaire et j'accepte que quelqu'un me vienne en aide. Je comprends que cette personne connaîtra mes réponses.

À usage interne seulement : la personne ci-dessous a discuté de ce consentement avec le participant :

Nom:

Signature:

Date:

Master Letter of Information and Consent (Online 2020)

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how participants engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact participants, their communities and the systems they live in. We think this research is important because participants should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, **which may upset or distress you.** You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

If you agree to participate, over the course of your participation in this program, you may have a number of different opportunities to share your voice.

Surveys:

You may be asked to complete **one or more surveys** either on paper, on-line, through texting, or apps or social media on your phone. **Depending on the number of surveys you are being asked to complete, this may take between 10 and 30 minutes.** Your survey results will be added to the survey results of youth, young adults, and adults across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can do so for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca.

Focus groups and interviews:

You may be asked to participate in focus groups or interviews either in-person, on the phone, or via on-line/social media video conferencing (like **Zoom**). **Focus groups and interviews may take between 30 and 90 minutes, depending on the size of the group and the degree of engagement, ie. If more information/experiences are shared, the focus group may take longer.** Focus groups and interviews may be transcribed by a SCC team member who has signed a confidentiality form. The transcripts will be analyzed for common themes and trends. We will include quotes from some of the focus groups/interviews when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify participants. During the interview or focus group, please let us know if you say anything you do not want quoted.

Please note that in focus groups, we can assure our own confidentiality, but we can't guarantee that other participants will maintain confidentiality. Please consider this when you respond to questions.

You can withdraw consent for your interview from the study for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca; however, withdrawing consent for a focus group is not possible because we will not be able to identify your responses by voice or in the anonymized notes or transcription, or the removal of your responses may compromise another participants' responses. You can request the removal of your quote from an evaluation or research report by contacting Nish Khanna at nish@studentscommission.ca.

Arts- and activity-based methods:

You may be asked to participate in arts- and/or activity-based evaluation in-person or via social media (ex. Instagram posts). These arts- and/or activity-based evaluations may take between 30 and 90 minutes, depending on the size of the group and the degree of engagement, ie. If more individuals share their experiences, the focus group will take longer. You can choose to allow all, parts, or none of your contributions for research use. Materials you create may be shared in reports; however, we will never include any real names with your art work.

We will take notes and/or audio record the discussion. Audio will be transcribed by a SCC team member who has signed a confidentiality form. The transcripts will be analyzed for common themes and trends. We will include quotes when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify participants. During the discussion, please let us know if you say anything you do not want quoted.

You may withdraw from the study for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca. However, if any of your contributions are linked to group contributions (e.g. you helped create a collage from photographs, or something you said sparked group discussion), your contributions will be difficult to remove and may still be used.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Please note: You have not waived any legal rights by consenting to participate in this study.

Keep one copy of the Letter of Information for your records and/or find the Letter of Information on-line through the Sharing the Stories website.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

If I am under 12, I have included the email address (below) of my parent/guardian, and agree that they will be sent an email asking for their consent to have me participate in this program.

My parent's email:

(Fill in only if you are under 12 and need their consent to participate.)

By completing the following sections, I am verifying that: I have read the Letter of Information and all of my questions have been answered.

I also consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

I consent to participate in this research study. **required**

Yes / No [drop-down]

Captcha Code **required**

Optional:

I need help completing my survey and agree to have someone assist me. I understand that they will know my responses.

For Internal Use Only: The person below has discussed this consent with the participant:

Name:

Signature:

Date:



Lettre d'information et de consentement maître (en ligne 2020)

Titre de l'étude : Partageons nos histoires

Noms des chercheurs : Nishad Khanna, la Commission des étudiants du Canada, D^r Benjamin Kutsyuruba, Faculté de l'éducation, Université Queen's, D^{re} Heather Lawford, Département de psychologie, Université Bishop's, D^{re} Heather Ramey, Études sur l'Enfance et la Jeunesse, Université Brock

Nous invitons les participants de ce programme à participer à une étude de recherche intitulée Partageons nos histoires. Partageons nos histoires examine comment les participants s'engagent dans ce programme. Cette recherche est menée par La Commission des étudiants du Canada, un organisme de bienfaisance national qui travaille de concert avec d'autres pour aider à construire un monde où les jeunes sont valorisés et entendus, et où leurs idées d'améliorations, que ce soit de leur personne, de leurs et pairs ou de leurs communautés sont mises en action.

Pourquoi moi?

On vous demande de participer parce que vous savez ce que vous avez vécu; votre voix nous aide à comprendre comment les programmes impactent les participants, leurs communautés et les systèmes dans lesquels ils vivent. Nous croyons que cette recherche est importante car l'on croit que les participants doivent avoir leur mot à dire dans les décisions et les politiques qui touchent directement leurs vies et leur bien-être.

Quels sont les enjeux?

La participation à cette étude est volontaire. Vous n'êtes pas obligé d'accepter de participer à cette étude. Les enjeux de cette étude sont minimes; nous poserons peut-être des questions délicates ou personnelles **qui peuvent vous déranger ou vous bouleverser**. Vous n'êtes pas obligé de répondre à certaines questions. Vous pouvez cesser de participer en tout temps sans conséquence. Si vous avez des réactions émotives, entrez en contact avec le personnel de votre programme ou l'animateur de La Commission des étudiants du Canada en charge de la collecte de données. Il pourra vous guider vers du soutien. Il n'y a aucun avantage direct à participer à cette étude, à moins qu'un membre du personnel de votre programme ou un facilitateur de la Commission des étudiants ne vous ait avisé qu'un budget prévoit le versement d'honoraires sous forme d'un petit chèque-cadeau de 25 \$

Nous conserverons vos données de façon sécuritaire indéfiniment. Votre confidentialité sera protégée autant que possible en remplaçant votre nom par un code unique pour toutes les données dans toutes les publications. La liste des codes correspondant aux noms véridiques sera entreposée séparément des données et de façon sécuritaire. À part l'équipe de recherche, seuls les assistants à la recherche ayant signé une entente de confidentialité pourront accéder aux données.

Il existe trois occasions lors desquelles nous devons possiblement partager votre information personnelle avec une tierce partie :

- Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.
- Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.
- Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.

Le Queen's General Research Ethics Board (GREB) (Comité d'éthique de la recherche) peut demander l'accès aux données de la recherche pour s'assurer que l'équipe de recherche rencontre ses obligations éthiques tout en menant cette étude. Le GREB est lié par la confidentialité et ne partagera aucune information personnelle. (Veuillez noter : le GREB ne communique qu'en anglais).

Comment ça fonctionne?

Si vous consentez à participer, pendant votre participation, vous aurez plusieurs occasions de vous faire entendre.

Sondages :

On vous demandera peut-être de compléter **un ou plusieurs questionnaires** sur papier, en ligne ou par texto/appli/médias sociaux sur votre téléphone. **Cela vous prendra entre 10 et 30 minutes selon le nombre de questionnaires à compléter**. Les résultats de votre sondage seront jumelés aux résultats des sondages de jeunes, de jeunes adultes, et d'adultes partout au pays et analysés pour identifier des tendances et des changements. Personne ne saura que vous avez répondu à une question – vos réponses seront rendues anonymes dans la recherche. Si vous décidez que vous voulez vous retirer de l'étude, vous pourrez le faire dans les trois mois suivant l'étude en contactant Nish Khanna à nish@studentscommission.ca.

Groupes de discussion et entrevues :

On vous demandera peut-être de participer à des entrevues **ou des groupes de discussions** en personne, par téléphone, via les médias sociaux ou par visioconférence (comme **Zoom**). **Les entrevues et les groupes de discussions peuvent durer entre 30 et 90 minutes, selon la**

taille du groupe et le degré de participation, par exemple, s'il y a plus d'information ou d'expériences qui sont partagées, ça peut prendre un peu plus de temps. Les groupes de discussion et entrevues peuvent être transcrits par un membre de la CÉC qui a signé un formulaire de confidentialité. Les transcriptions seront analysées pour y repérer des thèmes et tendances communes. Nous y incluons des citations des discussions/entrevues lorsque nous présenterons nos résultats. Toutefois, nous n'incluons jamais les vrais noms associés aux citations, et nous ferons notre possible pour nous assurer que les citations n'incluront pas d'information qui pourrait identifier indirectement les participants. Pendant les entrevues ou groupes de discussions, faites-nous savoir si vous ne voulez pas être cité.

Veillez noter que pendant les discussions de groupe, nous pouvons assurer notre propre confidentialité, mais ne pouvons garantir que les autres participants l'assureront. Veuillez en tenir compte lorsque vous répondez aux questions.

Vous pouvez retirer votre consentement à l'entrevue de l'étude trois mois après avoir complété l'étude en contactant Nish Khanna à nish@studentscommission.ca; toutefois, retirer son consentement d'un groupe de discussion est impossible car nous ne pourrions identifier vos réponses par la voix, les notes anonymes ou les transcriptions, **et le retrait de votre réponse pourrait compromettre les réponses des autres participants.** Vous pouvez demander le retrait de votre citation d'une évaluation ou recherche en contactant Nish Khanna à nish@studentscommission.ca.

Méthodes fondées sur les arts et les activités:

On vous demandera peut-être de participer à une évaluation basée sur les arts et/ou les activités en personne ou via les médias sociaux (ex. : statuts Instagram). **Ces évaluations basées sur les arts et/ou les activités peuvent prendre de 30 à 90 minutes, selon la taille du groupe et le degré de participation, par exemple, s'il y a plus d'information ou d'expériences qui sont partagées, ça peut prendre un peu plus de temps.** Vous pouvez choisir de permettre que toutes, une partie ou aucune de vos contributions soient utilisées aux fins de recherche. Le matériel créé peut être partagé dans des rapports; toutefois, nous n'inclurons jamais de vrais noms associés à vos œuvres d'art.

Nous prendrons des notes et/ou enregistrerons la discussion. Les enregistrements audio seront retranscrits par un membre de l'équipe de la CÉC qui aura signé un formulaire de confidentialité. Les transcriptions seront analysées afin d'en dégager les tendances et thèmes récurrents. Nous incluons des citations dans la présentation de nos résultats. Toutefois, nous ne citerons jamais de noms réels et nous ferons de notre mieux pour que les citations ne contiennent pas d'informations susceptibles d'identifier indirectement les participants. Au cours de la discussion, n'hésitez pas à nous prévenir si vous dites quelque chose que vous ne souhaitez pas voir cité.

Vous pouvez vous retirer de l'étude dans les trois mois après avoir complété l'étude en contactant Nish Khanna à nish@studentscommission.ca. Si vos contributions sont associées à des contributions de groupe (ex. : vous avez contribué à créer un collage de photos, ou quelque chose que vous avez dit qui a initié une discussion), il sera difficile de retirer vos contributions. Elles pourront toujours être utilisées.

Il est possible que nous cueillions de l'information sur vous et votre identité, ainsi que toute expérience avec les programmes. Nous espérons publier les résultats de cette étude dans des revues scientifiques et les présenter à des conférences. Toute l'information sera présentée à des groupes. On ne pourra pas retracer une réponse directement à vous. Les données seront anonymes. Ceci signifie que vous ne serez aucunement associé à vos réponses ou à l'étude en général.

La conformité éthique de cette étude a été vérifiée par le General Research Ethics Board (GREB) de l'Université Queen's. Si vous avez des préoccupations de nature éthique, veuillez contacter le General Research Ethics Board (GREB) au 1-844-535-2988 (sans frais en Amérique du Nord) ou chair.GREB@queensu.ca.

Si vous avez des questions concernant la recherche, veuillez contacter le Dr. Benjamin Kutsyuruba à ben.kutsyuruba@queensu.ca ou au 613-533-3049 ou Nish Khanna à nish@studentscommission.ca ou 416-597-8297.

Cette lettre d'information vous donne les détails qui vous aideront à faire un choix éclairé. Toutes les questions devraient être répondues à votre satisfaction avant que vous ne décidiez si vous voulez participer à cette étude ou non.

Veillez noter : Vous n'avez renoncé à aucun droit en consentant de participer à cette étude.

Conservez une copie de la Lettre d'information pour vos registres et/ou trouver la Lettre d'information en ligne via le site de Partageons nos histoires.

Remplir les champs ci-dessous indique que vous comprenez les conditions de participation à l'étude ci-dessus et que vous avez eu l'occasion de poser des questions aux chercheurs. N'oubliez pas :

- Ma participation est volontaire
- Je peux retirer mon consentement dans les trois mois
- Je peux ne pas répondre à certaines questions
- Si j'ai plus de 12 ans, je peux donner mon propre consentement.

Si j'ai moins de 12 ans, j'ai inclus le courriel (ci-dessous) de mon parent/tuteur, et je consens à ce qu'ils reçoivent un courriel leur demandant leur consentement pour que je participe au programme.

Le courriel de mon parent :

(Remplir si moins de 12 ans et avez besoin d'un consentement pour participer.)

En signant ci-dessous, je consens à participer à cette étude : je certifie que: j'ai lu la Lettre d'information et toutes mes questions ont été répondues.

Je consens également à ce qui suit (cocher toutes les réponses qui s'appliquent) :

Enregistrements audio

Enregistrements vidéo

Utilisation de citations

Je consens à participer à cette étude de recherche. **requis**

Oui / Non [menu déroulant]

Code Captcha Code **requis**

Facultatif :

J'ai besoin d'aide pour remplir mon questionnaire et j'accepte que quelqu'un me vienne en aide. Je comprends que cette personne connaîtra mes réponses.

A usage interne seulement : la personne ci-dessous a discuté de ce consentement avec le participant :

Nom:

Signature:

Date:

Letter of Information and Consent Interview and Focus Group

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how **participants** engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact **participants**, their communities and the systems they live in. We think this research is important because **participants** should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, **which may upset or distress you**. You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

Please note that in focus groups, we can assure our own confidentiality, but we can't guarantee that other participants will maintain confidentiality. Please consider this when you respond to questions.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

You are being asked to participate in focus groups or interviews either in-person, on the phone, or via on-line/social media video conferencing (like **Zoom**). **Focus groups and interviews may take between 30 and 90 minutes, depending on the size of the group and the degree of engagement, ie. If more information/experiences are shared, the focus group may take longer.** Focus groups and interviews may be transcribed and notes taken by a SCC team member who has signed a confidentiality form. The transcripts/notes will be analyzed for common themes and trends. We will include quotes from some of the focus groups/interviews when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify participants. During the interview or focus group, please let us know if you say anything you do not want quoted.

You can withdraw consent for your interview from the study for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca; however, withdrawing consent for a focus group is not possible because we will not be able to identify your responses in the anonymized notes and transcription **or the removal of your responses may compromise another participants' responses**. You can request the removal of your quote from an evaluation or research report by contacting Nish Khanna at nish@studentscommission.ca.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. We will include quotes from some of the focus groups/interviews when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not

include information that could indirectly identify participants. During the interview or focus group, please let us know if you say anything you do not want quoted.

All forms that have identifying information on them, like your name, will be separated from your data and stored in separate envelopes in locked cabinets.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the coach and/or find the Letter of Information on-line through the Sharing the Stories website. .

Please note: You have not waived any legal rights by consenting to participate in this study.

The completion of the below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

By signing below, I consent to participate in this research study:

I also consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

Organization:

Program:

Activity:

For Internal Use Only: The person below has discussed this consent with the participant:

Name:

Signature:

Date:

Lettre d'information et consentement aux entrevues et groupes de discussions

Titre de l'étude: Partageons nos histoires

Noms des chercheurs : Nishad Khanna, la Commission des étudiants du Canada, D^r Benjamin Kutsyuruba, **Faculté de l'éducation, Université Queen's**, D^{re} Heather Lawford, Département de psychologie, Université Bishop's, D^{re} Heather Ramey, Études sur l'Enfance et la Jeunesse, Université Brock

Nous invitons les participants de ce programme à **prendre part** à une étude de recherche intitulée Partageons nos histoires. Partageons nos histoires examine comment **les participants** s'engagent dans ce programme. Cette recherche est menée par La Commission des étudiants du Canada, un organisme de bienfaisance national qui travaille de concert avec d'autres pour aider à construire un monde où les jeunes sont valorisés et entendus, et où leurs idées d'améliorations, que ce soit de leur personne, de leurs et pairs ou de leurs communautés sont mises en action.

Pourquoi moi?

On vous demande **votre contribution** parce que vous **êtes le/la mieux placé(e) pour raconter votre expérience**, votre voix nous aide à comprendre comment les programmes impactent **les participants**, leurs communautés et les systèmes dans lesquels ils vivent. Nous croyons que cette recherche est importante, car l'on croit que **les participants** doivent avoir leur mot à dire dans les décisions et les politiques qui touchent directement leurs vies et leur bien-être.

Quels sont les enjeux?

La participation à cette étude est volontaire. Vous n'êtes pas obligé d'accepter de participer à cette étude. Les enjeux de cette étude sont minimes; nous poserons peut-être des questions délicates ou personnelles **qui peuvent vous déranger ou vous bouleverser**. Vous n'êtes pas obligé de répondre **aux questions qui vous rendent inconfortable**. Vous pouvez cesser de participer à tout **moment** sans conséquence. Si vous avez **de fortes** réactions émotives, entrez en contact avec le personnel de votre programme ou l'animateur de La Commission des étudiants du Canada en charge de la collecte de données. Il pourra vous guider vers du soutien. Il n'y a aucun avantage direct à participer à cette étude, à moins qu'un membre du personnel de votre programme ou un facilitateur de la Commission des étudiants ne vous ait avisé qu'un budget prévoit le versement d'honoraires sous forme d'un petit chèque-cadeau de 25 \$

Veuillez noter que pendant les discussions de groupe, nous pouvons assurer notre propre confidentialité, mais ne pouvons garantir que les autres participants l'assureront. Veuillez en tenir compte lorsque vous répondez aux questions.

Nous conserverons vos données de façon sécuritaire indéfiniment. Votre confidentialité sera protégée autant que possible en remplaçant votre nom par un code unique pour toutes les données dans toutes les publications. La liste des codes correspondants aux noms véridiques sera entreposée **de façon sécuritaire** séparément des données. À part l'équipe de recherche, seuls les assistants à la recherche ayant signé une entente de confidentialité pourront accéder aux données.

Il existe trois occasions lors desquelles nous devons possiblement partager votre information personnelle avec une tierce partie :

- Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.
- Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.
- Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.

Le Queen's General Research Ethics Board (GREB) (Comité d'éthique de la recherche) peut demander l'accès aux données de la recherche pour s'assurer que l'équipe de recherche rencontre ses obligations éthiques tout en menant cette étude. Le GREB est lié par la confidentialité et ne partagera aucune information personnelle. (Veuillez noter : le GREB ne communique qu'en anglais).

Comment ça fonctionne?

On vous demande de participer à **des groupes de discussions ou à des entrevues en personne, au téléphone ou via les médias sociaux/visioconférence (comme Zoom)**. Les entrevues et les groupes de discussions peuvent durer entre 30 et 90 minutes, selon la taille du groupe et le degré de participation, par exemple, s'il y a plus d'information ou d'expériences qui sont partagées, **ça peut prendre un peu plus de temps**. Les discussions et les entrevues peuvent être transcrites ou certaines notes prises par un membre de la CÉC qui a signé une entente de confidentialité. Les transcriptions/notes seront analysées pour en dégager des tendances et des thèmes communs. Nous inclurons des citations provenant des discussions/entrevues lorsque nous présenterons nos résultats. Toutefois, nous n'associerons jamais de vrais noms aux citations et nous nous assurerons, dans la mesure du possible, de ne pas inclure d'information qui pourrait indirectement identifier des participants. Si vous ne voulez pas être cités suivant les entrevues et les discussions, veuillez nous en informer.

Vous pouvez retirer votre consentement à l'entrevue de l'étude jusqu'à trois mois après avoir complété l'étude en contactant Nish Khanna à nish@studentscommission.ca; toutefois, le retrait du consentement à une discussion de groupe n'est pas possible puisque nous ne pourrions pas identifier vos réponses dans les notes et transcriptions anonymes **et le retrait de votre réponse pourrait compromettre les réponses des autres participants**. Vous pouvez demander le retrait de votre citation d'une évaluation ou d'un rapport de recherche en contactant Nish Khanna à nish@studentscommission.ca.

Il est possible que nous cueillions de l'information sur vous et votre identité, ainsi que toute expérience avec les programmes. Nous espérons publier les résultats de cette étude dans des revues scientifiques et les présenter lors de conférences. Nous incluons des citations des discussions/entrevues lors de la présentation de nos résultats. Toutefois, nous n'associerons jamais de vrais noms aux citations, et nous nous assurerons, dans la mesure du possible, de ne pas inclure d'information qui pourrait indirectement identifier des participants. Si vous ne voulez pas être cité·e suivant les entrevues et les discussions, veuillez nous en informer.

Tous les formulaires qui contiennent des informations de nature privée, comme votre nom, seront séparés des données et entreposés dans des enveloppes séparées dans des cabinets verrouillés.

La conformité éthique de cette étude a été vérifiée par le General Research Ethics Board (GREB) de l'Université Queen's. Si vous avez des préoccupations de nature éthique, veuillez contacter le General Research Ethics Board (GREB) au 1-844-535-2988 (sans frais en Amérique du Nord) ou chair.GREB@queensu.ca.

Si vous avez des questions concernant la recherche, veuillez contacter le Dr. Benjamin Kutsyuruba à ben.kutsyuruba@queensu.ca ou au 613-533-3049 ou Nish Khanna à nish@studentscommission.ca ou 416-597-8297.

Cette lettre d'information vous donne les détails qui vous aideront à faire un choix éclairé. Toutes les questions devraient être répondues à votre satisfaction avant que vous ne décidiez si vous voulez participer à cette étude ou non.

Conservez une copie de la Lettre d'information pour vos registres et retournez-en une copie au coach et/ou trouvez la Lettre d'information en ligne via le site de Partageons nos histoires.

Veuillez noter que vous ne renoncez à aucun droit en consentant de participer à cette étude.

Remplir les champs ci-dessous indique que vous comprenez les conditions de participation à l'étude ci-dessus et que vous avez eu l'occasion de poser des questions aux chercheurs. N'oubliez pas :

- Ma participation est volontaire
- Je peux retirer mon consentement dans les trois mois
- Je peux ne pas répondre à certaines questions
- Si j'ai plus de 12 ans, je peux donner mon propre consentement.

En signant ci-dessous, je consens à participer à cette étude :

Je consens également à ce qui suit (cocher toutes les réponses qui s'appliquent) :

Enregistrements audio

Enregistrements vidéo

Utilisation de citations

Nom du participant :

Signature :

Date :

•
Signature du parent ou du tuteur légal :

(si le participant a moins de 12 ans, la décharge doit être signée par le parent ou tuteur)

.....
Organisation :

Programme :

Activité :

À usage interne seulement : la personne ci-dessous a discuté de ce consentement avec le participant :

Nom:

Signature:

Date:

Letter of Information and Consent Arts- and Activity-based

Study Title: Sharing the Stories

Name of Researchers: Nishad Khanna, The Students Commission of Canada, Dr. Benjamin Kutsyuruba, Faculty of Education, Queen's University, Dr. Heather Lawford, Department of Psychology, Bishop's University, Dr. Heather Ramey, Child and Youth Studies, Brock University

We are inviting participants in this program to take part in a research study called Sharing the Stories. Sharing the Stories examines how participants engage in this program. This research is led by the Students Commission of Canada, a national charitable organization that purposely works with others to help create a world where young people are valued and heard and their ideas for improving themselves, the lives of their peers and communities are put into action.

Why me?

You are being asked to participate because you are an expert in your experience; your voice helps us learn how programs impact participants, their communities and the systems they live in. We think this research is important because participants should have a say in the decisions and policies that directly affect their lives and well-being.

What are the risks?

Participation in this study is voluntary. There is no obligation for you to say yes to take part in this study. The risks of this study are minimal, namely that we may ask sensitive or personal questions, which may upset or distress you. You don't have to answer any questions you don't want to. You can stop participating at any time without penalty. If you experience any strong emotional responses to any material, please connect with your program staff or the Students Commission of Canada facilitator leading the data collection, who can connect you with supports. There are no direct benefits to you for participating in this study unless you are informed by your program staff or Students Commission facilitator that there is a budget for a small gift voucher honorarium of \$25.

We will keep your data securely indefinitely. Your confidentiality will be protected to the extent possible by replacing your name with a unique code for all data and in all publications. The code list linking real names with unique codes will be stored separately and securely from the data. Other than the research team, only research assistants who have signed a Confidentiality Agreement will have access to any of the data.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.
- If you share that you are planning to harm yourself, we must get you help.
- If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.

The Queen's General Research Ethics Board (GREB) may request access to study data to ensure that the research team is meeting their ethical obligations while conducting this study. GREB is bound by confidentiality and will not share any personal information. (Please note: GREB communicates in English only).

How will it work?

You are being asked to participate in arts- and/or activity-based evaluation in-person, online or via social media (ex. Instagram posts). These arts- and/or activity-based evaluations may take between 30 and 90 minutes, depending on the size of the group and the degree of engagement, ie. If more individuals share their experiences, the focus group will take longer. You can choose to allow all, parts, or none of your contributions for research use. Materials you create may be shared in reports; however, we will never include any real names with your art work.

We will take notes and/or audio record the discussion. Audio will be transcribed by a SCC team member who has signed a confidentiality form. The transcripts will be analyzed for common themes and trends. We will include quotes when presenting our findings. However, we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify participants. During the discussion, please let us know if you say anything you do not want quoted.

You may withdraw from the study for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca. However, if any of your contributions are linked to group contributions (e.g. you helped create a collage from photographs, or something you said sparked group discussion), your contributions will be difficult to remove and may still be used.

We may be collecting information about you and how you identify, as well as your experiences in programming. We hope to publish the results of this study in academic journals and present them at conferences. All information will be presented at the group level. There will be no way to trace your responses directly to you—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

All forms that have identifying information on them, like your name, will be separated from your data and stored in separate envelopes in locked cabinets.

This study has been reviewed for ethical compliance by the Queen's University General Research Ethics Board (GREB). If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact Dr. Benjamin Kutsyuruba at ben.kutsyuruba@queensu.ca or 613-533-3049 or Nish Khanna at nish@studentscommission.ca or 416-597-8297.

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study.

Keep one copy of the Letter of Information for your records and return one copy to the coach and/or find the Letter of Information on-line through the Sharing the Stories website.

Please note: You have not waived any legal rights by consenting to participate in this study.

The completion of the below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. Please remember:

- My participation is voluntary
- I can withdraw my consent within 3 months of today
- I can choose not to answer any questions if I do not want to
- If I am over 12, I can give my own consent.

By signing below, I consent to participate in this research study:

I also consent to the following (check all that apply):

Audio recording

Video recording

Use of quotes

Name of Participant:

Signature:

Date:

Signature of legal parent or guardian:

(if participant is under 12 years of age, the release must be signed by legal parent or guardian)

Organization:

Program:

Activity:

For Internal Use Only: The person below has discussed this consent with the participant:

Name:

Signature:

Date:



Lettre d'information et consentement aux méthodes fondées sur les arts et les activités

Titre de l'étude: Partageons nos histoires

Noms des chercheurs : Nishad Khanna, la Commission des étudiants du Canada, D^r Benjamin Kutsyuruba, **Faculté de l'éducation, Université Queen's**, D^{re} Heather Lawford, Département de psychologie, Université Bishop's, D^{re} Heather Ramey, Études sur l'Enfance et la Jeunesse, Université Brock

Nous invitons les participants de ce programme à **prendre part** à une étude de recherche intitulée Partageons nos histoires. Partageons nos histoires examine comment **les participants** s'engagent dans ce programme. Cette recherche est menée par La Commission des étudiants du Canada, un organisme de bienfaisance national qui travaille de concert avec d'autres pour aider à construire un monde où les jeunes sont valorisés et entendus, et où leurs idées d'améliorations, que ce soit de leur personne, de leurs et pairs ou de leurs communautés sont mises en action.

Pourquoi moi?

On vous demande **votre contribution** parce que vous **êtes le/la mieux placé(e) pour raconter votre expérience**, votre voix nous aide à comprendre comment les programmes impactent **les participants**, leurs communautés et les systèmes dans lesquels ils vivent. Nous croyons que cette recherche est importante, car l'on croit que **les participants** doivent avoir leur mot à dire dans les décisions et les politiques qui touchent directement leurs vies et leur bien-être.

Quels sont les enjeux?

La participation à cette étude est volontaire. Vous n'êtes pas obligé d'accepter de participer à cette étude. Les enjeux de cette étude sont minimes; nous poserons peut-être des questions délicates ou personnelles **qui peuvent vous déranger ou vous bouleverser**. Vous n'êtes pas obligé de répondre **aux questions qui vous rendent inconfortable**. Vous pouvez cesser de participer à tout **moment** sans conséquence. Si vous avez **de fortes** réactions émotives, entrez en contact avec le personnel de votre programme ou l'animateur de La Commission des étudiants du Canada en charge de la collecte de données. Il pourra vous guider vers du soutien. Il n'y a aucun avantage direct à participer à cette étude, à moins qu'un membre du personnel de votre programme ou un facilitateur de la Commission des étudiants ne vous ait avisé qu'un budget prévoit le versement d'honoraires sous forme d'un petit chèque-cadeau de 25 \$

Nous conserverons vos données de façon sécuritaire indéfiniment. Votre confidentialité sera protégée autant que possible en remplaçant votre nom par un code unique pour toutes les données dans toutes les publications. La liste des codes correspondants aux noms véridiques sera entreposée **de façon sécuritaire séparément des données**. À part l'équipe de recherche, seuls les assistants à la recherche ayant signé une entente de confidentialité pourront accéder aux données.

Il existe trois occasions lors desquelles nous devons possiblement partager votre information personnelle avec une tierce partie :

- Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.
- Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.
- Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.

Le Queen's General Research Ethics Board (GREB) (Comité d'éthique de la recherche) peut demander l'accès aux données de la recherche pour s'assurer que l'équipe de recherche rencontre ses obligations éthiques tout en menant cette étude. Le GREB est lié par la confidentialité et ne partagera aucune information personnelle. (Veuillez noter : le GREB ne communique qu'en anglais).

Comment ça fonctionne?

On vous demande de participer à une évaluation fondée sur les arts **ou les activités**, en personne, **en ligne** ou via les médias sociaux (Instagram). Ces évaluations basées sur les arts et/ou les activités peuvent prendre de 30 à 90 minutes, selon la taille du groupe et le degré de participation, par exemple, s'il y a plus d'information ou d'expériences qui sont partagées, ça peut prendre un peu plus de temps. Vous pouvez exhiber vos contributions aux fins de recherche en **entier** ou en partie, ou décider de ne pas les exhiber. Le matériel créé peut être partagé dans les rapports; toutefois, nous n'associerons jamais les vrais noms aux œuvres d'art.

Nous prendrons des notes et/ou enregistrerons la discussion. Les enregistrements audios seront retranscrits par un membre de l'équipe de la CÉC qui aura signé un formulaire de confidentialité. Les transcriptions seront analysées afin d'en dégager les tendances et thèmes récurrents. Nous incluons des citations dans la présentation de nos résultats. Toutefois, nous ne citerons jamais de noms réels et nous ferons de notre mieux pour que les citations ne contiennent pas d'informations susceptibles d'identifier indirectement les participants. Au cours de la discussion, n'hésitez pas à nous révéler si vous dites quelque chose que vous ne souhaitez pas voir cité.

Vous pouvez vous retirer de cette étude jusqu'à trois mois après l'avoir complétée en contactant Nish Khanna à nish@studentscommission.ca. Toutefois, si vos contributions personnelles sont associées à des contributions de groupe (collage de photos ou quelque chose issu de discussions de groupe), il sera difficile de les retirer et elles pourront donc quand même être utilisées.

Il est possible que nous cueillions de l'information sur vous et votre identité, ainsi que toute expérience avec les programmes. Nous espérons publier les résultats de cette étude dans des revues scientifiques et les présenter lors de conférences. Toute l'information sera présentée au groupe. Vos réponses ne pourront vous être associées directement—les données sont anonymes. Ceci signifie que votre nom ne sera pas associé à vos réponses ou à l'étude de façon générale.

Tous les formulaires qui contiennent des informations de nature privée, comme votre nom, seront séparés des données et entreposés dans des enveloppes séparées dans des cabinets verrouillés.

La conformité éthique de cette étude a été vérifiée par le General Research Ethics Board (GREB) de l'Université Queen's. Si vous avez des préoccupations de nature éthique, veuillez contacter le General Research Ethics Board (GREB) au 1-844-535-2988 (sans frais en Amérique du Nord) ou chair.GREB@queensu.ca.

Si vous avez des questions concernant la recherche, veuillez contacter le Dr. Benjamin Kutsyuruba à ben.kutsyuruba@queensu.ca ou au 613-533-3049 ou Nish Khanna à nish@studentscommission.ca ou 416-597-8297.

Cette lettre d'information vous donne les détails qui vous aideront à faire un choix éclairé. Toutes les questions devraient être répondues à votre satisfaction avant que vous ne décidiez si vous voulez participer à cette étude ou non.

Conservez une copie de la Lettre d'information pour vos registres et retournez-en une copie au coach et/ou trouvez la Lettre d'information en ligne via le site de Partageons nos histoires.

Veuillez noter que vous ne renoncez à aucun droit en consentant de participer à cette étude.

Remplir les champs ci-dessous indique que vous comprenez les conditions de participation à l'étude ci-dessus et que vous avez eu l'occasion de poser des questions aux chercheurs. N'oubliez pas :

- Ma participation est volontaire
- Je peux retirer mon consentement dans les trois mois
- Je peux ne pas répondre à certaines questions
- Si j'ai plus de 12 ans, je peux donner mon propre consentement.

En signant ci-dessous, je consens à participer à cette étude :

Je consens également à ce qui suit (cocher toutes les réponses qui s'appliquent) :

Enregistrements audio

Enregistrements vidéo

Utilisation de citations

Non du participant :

Signature :

Date :

Signature du parent ou du tuteur légal :

(si le participant a moins de 12 ans, la décharge doit être signée par le parent ou tuteur)

Organisation :

Programme :

Activité :

À usage interne seulement : la personne ci-dessous a discuté de ce consentement avec le participant :

Nom:

Signature:

Date:



Script for Verbal Assent Focus Group Interview Children 6 to 11

Sharing the Stories Script for Verbal Assent: Interview/Focus Group (children ages 6-11)

*We work at the Students Commission of Canada. We are working with many programs like the one you are in right now, to help people learn more about how to make good programs like this one even better. You are about to take part in a study about how children and youth feel about taking part in activities at “[program name]”. If you do not want to take part in this study, you do not have to. No one will be upset and you will not get into trouble. **Would you like to hear more about the study?***

If no, stop and thank child. If yes, continue:

In this study, you will answer some questions about [program name] and the many things you do in the program. The interview/focus group will take between 30-90 minutes. We will analyze everyone’s answers together for themes and ideas, and we will share these themes and ideas with [program name] staff/leaders. We will use quotes, or things you said, to provide examples of the themes and ideas, but your name will not be on your quotes and no one will know how you answered a question. We may publish this study, but no one will be able to connect your responses to you.

Here is an example question (ask the question and model for the children how they will answer):

What have you liked the best about your participation in the group? If you would like to share what you like best about the program, you can answer by raising your hand and sharing or waiting for your turn in the circle. You don’t have to answer any question that you don’t want to answer.

Ask each child:

Would you like to do more questions like this in this discussion circle/interview?

If no, stop and thank child. If yes, remind students:

If you do not want to answer one of the questions, you do not have to. If you change your mind and do not want to answer any of the questions, that is ok too. If you would like us to read a question for you again, feel free to ask us.



FRENCH Scénario de consentement verbal aux entrevues/discussions, enfants de 6 à 11 ans

Scénario de consentement verbal Partageons nos histoires: Entrevue/discussions (enfants de 6 à 11 ans)

*Nous travaillons à la Commission des étudiants du Canada. Nous travaillons avec plusieurs programmes comme celui auquel tu participes en ce moment, pour aider les gens à améliorer ces programmes. Tu es sur le point de participer à une étude sur comment les enfants et les jeunes se sentent vis-à-vis les activités du programme « [nom du programme] ». Tu n'es pas obligé de participer à cette étude. Personne ne sera fâché ou n'en Subira de conséquences. **Tu aimerais en savoir plus?***

Si non, arrêtez et remerciez l'enfant. **Si oui**, continuez :

Dans cette étude, tu vas répondre à quelques questions sur [nom du programme] et sur toutes les choses que tu y feras. L'entrevue/la discussion prendra de 30 à 90 minutes. On va analyser les réponses de tout le monde pour en dégager les idées et les thèmes et nous les partagerons avec le personnel/responsable de [nom du programme]. Nous utiliserons des citations ou des choses que tu as dites pour illustrer les thèmes et les idées mais ton nom ne sera jamais associé aux citations et personne ne saura que tu as répondu à une question. Nous publierons peut-être l'étude mais personne ne connaîtra vos réponses.

Voici un exemple de question (posez la question et adaptez-là à l'enfant pour connaître sa réponse) :

Qu'est-ce que tu as aimé le plus dans ta participation au groupe? Si tu veux partager ce que tu as aimé du programme, lève ta main pour partager ou attends ton tour en cercle. Tu n'es pas obligé de répondre aux questions.

Demandez à chaque enfant :

Tu aimerais répondre à d'autres questions comme celle-là dans le cercle de discussion/entrevue?

Si non, arrêtez et remerciez l'enfant. **Si oui**, rappelez aux étudiants :

Tu n'es pas obligé de répondre aux questions. Si tu changes d'idée et que tu ne veux pas y répondre, c'est correct. Si tu veux que je répète une question, ça me fera plaisir.



Script for Verbal Assent Survey Children 6 to 11

Sharing the Stories Script for Verbal Assent (children ages 6-11)

*We work at the Students Commission of Canada. We are working with many programs like the one you are in right now, to help people learn more about how to make good programs like this one even better. You are about to take part in a study about how children and youth feel about taking part in activities at “[program name]”. If you do not want to take part in this study, you do not have to. No one will be upset and you will not get into trouble. **Would you like to hear more about the study?***

If no, stop and thank child. **If yes**, continue:

In this study, you will answer some questions about [program name] and the many things you do in the program. It will take you about 10-15 minutes to answer these questions on paper. Your answers are private. We will share your answers with [program name] staff/leaders, but your name will not be on your answers and no one will know how you answered a question. We may publish this study, but no one will be able to connect your responses to you.

Here is an example question (ask the question and model for the children how they will answer a similar question on the survey using faces that correspond to agree, neutral, and disagree):

I like ice cream. If you agree and you like ice cream, you will circle the smiley face (point to a smiley face on a blank copy of actual survey to show students what this face looks like. If you are neutral (this means that you do not like ice cream, but you do not dislike it either), you will circle the face in the middle with a straight mouth. If you disagree and you do not like ice cream, you will circle the sad face.

Ask each child:

Would you like to do more questions like this on paper?

If no, stop and thank child. **If yes**, continue and handout survey to each child one at a time. Read the survey instructions and questions to children out loud (see attached survey). Remind students:

If you do not want to answer one of the questions, you do not have to. You can just leave it blank. If you change your mind and do not want to answer any of the questions, that is ok too. If you would like us to read a question for you again, feel free to ask us. Please do not look at anyone else’s papers. Your answers are private and we will not share them with anyone.



FRENCH Scénario pour le consentement verbal au questionnaire, enfants de 6 à 11 ans

Scénario de consentement verbal Partageons nos histoires, enfants de 6 à 11 ans

*Nous travaillons à la Commission des étudiants du Canada. Nous travaillons avec plusieurs programmes comme celui auquel tu participes en ce moment, pour aider les gens à améliorer ces programmes. Tu es sur le point de participer à une étude sur comment les enfants et les jeunes se sentent vis-à-vis les activités du programme « [nom du programme] ». Tu n'es pas obligé de participer à cette étude. Personne ne sera fâché ou n'en subira de conséquences. **Tu aimerais en savoir plus?***

Si non, arrêtez et remerciez l'enfant. **Si oui**, continuez :

Dans cette étude, tu vas répondre à quelques questions sur [nom du programme] et sur toutes les choses que tu y feras. Remplir le questionnaire prendra de 10 à 15 minutes. Tes réponses sont confidentielles. On va partager tes réponses avec le personnel/responsables de [nom du programme] mais ton nom ne sera jamais associé aux réponses et personne ne saura que tu as répondu à une question. Nous publierons peut-être l'étude mais personne ne connaîtra tes réponses.

Voici un exemple de question (posez la question et adaptez-là à l'enfant pour connaître sa réponse en utilisant des expressions qui correspondent à « je suis d'accord », « neutre » et « je ne suis pas d'accord ») :

J'aime la crème glacée. Si tu aimes ça, encercle le bonhomme sourire (montrer un bonhomme sourire sur le questionnaire pour monter à quoi il ressemble. Si tu es neutre (ça veut dire que tu n'aimes pas la crème glacée mais tu ne la détestes pas non plus), encercle le bonhomme avec la bouche droite. Si tu n'aimes pas la crème glacée du tout, tu encercle le bonhomme triste.

Demandez à chaque enfant :

Tu aimerais répondre à d'autres questions comme celle-là?

Si non, arrêtez et remerciez l'enfant. **Si oui**, continuez et remettez un questionnaire à chaque enfant, un à la fois. Lisez les instructions et les questions à voix haute (voir questionnaire ci-joint). Rappelez aux étudiants :

Tu n'es pas obligé de répondre aux questions. Tu peux la laisser en blanc. Si tu changes d'idée et que tu ne veux pas y répondre, c'est correct. Si tu veux que je répète une question, ça me fera plaisir. Ne regardez pas la copie des autres. Tes réponses sont confidentielles et nous ne les partagerons pas.



Script for Verbal Assent (youth with cognitive disabilities)

*We work at the Students Commission of Canada. We are working with many programs like the one you are in right now, to help people learn more about how to make good programs like this one even better. You are about to take part in a study about how children and youth feel about taking part in activities at “[program name]”. If you do not want to take part in this study, you do not have to. No one will be upset and you will not get into trouble. **Would you like to hear more about the study?***

If no, stop and thank them. **If yes**, continue:

In this study, you will answer some questions about [program name] and the many things you do in the program. It will take you about 10-15 minutes to answer these questions on paper. Your answers are private. We will share your answers with [program name] staff/leaders, but your name will not be on your answers and no one will know how you answered a question. Most young people who have participated in this study have thought it was a good experience. But sometimes, young people have said it made them realize that they weren't as involved in activities as they wanted to be and that made them feel a little sad. That could happen to you. If it does, let us know or talk to your group leader. We know lots of ways to help young people get more involved.

Here is an example question (ask the question and model for the young people how they will answer a similar question on the survey using faces that correspond to agree, neutral, and disagree):

I like ice cream. If you agree and you like ice cream, you will circle the smiley face (point to a smiley face on a blank copy of actual survey to show students what this face looks like. If you are neutral (this means that you do not like ice cream, but you do not dislike it either), you will circle the face in the middle with a straight mouth. If you disagree and you do not like ice cream, you will circle the sad face.

Ask each young person:

Would you like to do more questions like this on paper?

If no, stop and thank **them**. **If yes**, continue and handout survey to each young person one at a time. Read the survey instructions and questions to them out loud (see attached survey). Remind youth:

If you do not want to answer one of the questions, you do not have to. You can just leave it blank. If you change your mind and do not want to answer any of the questions, that is ok too. If you would like us to read a question for you again, feel free to ask us. Please do not look at anyone else's papers. Your answers are private and we will not share them with anyone.



FRENCH Scénario du consentement verbal (jeunes avec déficiences cognitives)

*Nous travaillons à la Commission des étudiants du Canada. Nous travaillons avec plusieurs programmes comme celui auquel tu participes en ce moment, pour aider les gens à améliorer ces programmes. Tu es sur le point de participer à une étude sur comment les enfants et les jeunes se sentent vis-à-vis les activités du programme « [nom du programme] ». Tu n'es pas obligé de participer à cette étude. Personne ne sera fâché ou n'en subira de conséquences. **Tu aimerais en savoir plus?***

Si non, arrêtez et remerciez l'enfant. **Si oui**, continuez :

Dans cette étude, tu vas répondre à quelques questions sur [nom du programme] et sur toutes les choses que tu y feras. Remplir le questionnaire prendra de 10 à 15 minutes. Tes réponses sont confidentielles. On va partager tes réponses avec le personnel/responsables de [nom du programme] mais ton nom ne sera jamais associé aux réponses et personne ne saura que tu as répondu à une question. La plupart des jeunes qui ont participé ont aimé l'expérience. D'autres ont trouvé qu'ils ne participaient pas assez aux activités et ça les rendait un peu triste. Ça pourrait aussi t'arriver. Si ça t'arrive, dis-le nous ou parles-en au responsable. On connaît plusieurs façons d'inciter les jeunes à s'engager.

Voici un exemple de question (posez la question et adaptez-là à l'enfant pour connaître sa réponse en utilisant des expressions qui correspondent à « je suis d'accord », « neutre » et « je ne suis pas d'accord ») :

J'aime la crème glacée. Si tu aimes ça, encercle le bonhomme sourire (montrer un bonhomme sourire sur exemplaire du questionnaire pour monter à quoi il ressemble). Si tu es neutre (ça veut dire que tu n'aimes pas la crème glacée mais tu ne la détestes pas non plus), encercle le bonhomme avec la bouche droite. Si tu n'aimes pas la crème glacée du tout, tu encercles le bonhomme triste.

Demandez à chaque enfant :

Tu aimerais répondre à d'autres questions comme celle-là?

Si non, arrêtez et remerciez les jeunes. **Si oui**, continuez et remettez un questionnaire à chaque enfant, un à la fois. Lisez les instructions et les questions à voix haute (voir questionnaire ci-joint). Rappelez aux étudiants :

Tu n'es pas obligé de répondre aux questions. Tu peux en laisser en blanc. Si tu changes d'idée et que tu ne veux pas y répondre, c'est correct. Si tu veux que je répète une question, ça me fera plaisir. Ne regarde pas la copie des autres. Tes réponses sont confidentielles et nous ne les partagerons pas.

Data Collection: Script for Coaches/Program Leads

Introduce yourself....

Explain to the participants where you work and what you do.

Explain to **participants** what you'll be doing and why....

Today, we're going to collect some input and feedback from you about your engagement in this program. We're going to use the tools from a research and evaluation project called Sharing the Stories. Sharing the Stories is led by the Students Commission of Canada, a charitable organization that purposefully works with others to ensure that young people are valued, heard and their ideas for improving themselves, the lives of their peers and communities are put into action. One of the ways we ensure young people are heard is we collect their voices through Sharing the Stories.

*We are asking you to participate in this because you are an expert in your experience; your voice helps us learn how programs impact **participants**, their communities and the systems they live in. We think this research is important because **participants** should have a say in the decisions about programs and policies that directly affect your life to improve things for young people in Canada.*

*You don't have to consent to participate in this research. It's totally up to you. And even if you do consent, you don't have to answer any question you don't want to and you can stop participating at any time. If you decide to consent to participate in this research, your responses will be used in two different ways: 1. For this program's evaluation and 2. It will be added to a large database of responses **from people** across Canada and used for research. In both circumstances, your answers will be anonymous—nobody will know what you said. If you decide not to consent for this research, your responses can still be a part of the program evaluation, but won't go into the larger research database.*

Does anybody have any questions about this? Do you understand the difference?

In this research, you may be asked some personal or sensitive questions. If you experience any strong emotional responses to any material, please let me know.

All of your data will be kept safe and secure in locked cabinets at the SCC office. All of your data will be entered using a 5-digit code so even the people entering data won't know that the responses are yours. Only three people know how to connect your name to your code in the back-end of the database. All of our staff sign confidentiality agreements and will do their utmost to keep your data secure.

There are three circumstances in which we may need to share your personal information with a third party. These are:

- *If you are under 16 years old and share that you are being abused or are currently at risk of being abused, the information must be reported to a local child welfare agency by law.*
- *If you share that you are planning to harm yourself, we must get you help.*
- *If you share that you have endangered the life of someone, or are about to do so, we have to contact the proper authorities.*

Continued on next page.

Explain to the participants how their voice will be collected...

If you agree to participate, over the course of your participation in this program, you may have a number of different opportunities to share your voice. Today we're going to gather your voice using [THE METHOD FROM BELOW]....

Surveys!

I'm going to hand out a package with a registration, consent, about you and xx surveys. Your registration will give you the opportunity to log onto our online platform to see your responses, your surveys, and other Sharing the Stories information, so make a note of your log-in and password on your phone. Your survey results will be added to the survey results of youth, young adults, and adults across the country and analyzed to identify trends and changes. No one will know how you answered any questions—your responses will be anonymized in the research. If you decide that you want to withdraw from the study, you can for three months after completing the study by contacting Christa Romaldi at christa@studentscommission.ca.

What are your questions?

If you would like assistance completing your surveys, please let me know.

If yes, continue:

I can help write/type your answers in the survey [on paper or online]. Is that ok?

If yes:

We will sit somewhere in the room where you can share your answers with me privately. In this situation, I will know your answers. Is that ok?

If no, stop and thank them. If yes, continue and find a private spot in the room to complete the survey together. Remind youth:

If you do not want to answer one of the questions, you do not have to. You can just leave it blank. If you change your mind and do not want to answer any of the questions, that is ok too. Your answers are private and we will not share them with anyone.

Please select the checkbox at the bottom of your consent form to indicate that you are ok with me assisting you.

Focus groups!

Today we're going to host a focus group, this means we're going to discuss your experience in this program. I have some questions to help initiate that discussion. We're going to record the focus group using this microphone. It's really sensitive but please make sure you speak as clearly as you can and don't talk over each other or the audio will be really unclear. My colleague, XX, is going to take some notes. When we're done, I'm going to bring the notes and the audio back to the SCC where a staff member there may type up, or transcribe, the audio file, or consult it to check the notes for accuracy. They'll remove all names and other identifying information. The transcripts and notes will be analyzed for common themes and trends. We will include quotes from some of the focus groups/interviews when presenting our findings, but we will never include any real names with quotes, and we will do our best to make sure quotes do not include information that could indirectly identify you. During the interview or focus group, please let us know if you say anything you do not want quoted.

Withdrawing consent for a focus group is not possible because we will not be able to identify your responses in the anonymized transcription, but you can request the removal of your quote from an evaluation or research report by contacting Nish Khanna at nish@studentscommission.ca.

What are your questions?

Arts- and activity-based methods!

Today we're going to do an arts- and activity-based evaluation activity called xx. Materials you create may be shared in reports; however, we will never include any real names with your art work, unless you ask us to. You can choose all, part or none of your contributions for research use. We're going to record the discussion (if applicable). My colleague, XX, is going to take some notes. When we're done, I'm going to bring the notes and audio back to SCC where a staff member there may type up, or transcribe, the audio file, or consult it to check the notes for accuracy. They'll remove all names and other identifying information. The transcripts and notes will be analyzed for common themes and trends. We may use quotes from the discussion when presenting our findings, but we will never include any real names with quotes, and we will do our best to

make sure quotes do not include information that could indirectly identify you. During the discussion, please let us know if you say anything you do not want quoted.

You can withdraw your consent for three months after completing the study by contacting Nish Khanna at nish@studentscommission.ca. But if any of your contributions are linked to group contributions (e.g. you helped create a collage from photographs, or something you said sparked group discussion), we may not be able to remove your material from the project and it may still be used.

What are your questions?

Explain what will happen with their responses...

Your responses will be used to create a program evaluation report that will be shared with the program leaders (us) and ultimately with you too!

If you consent to the research, your responses may be included, anonymously of course, in reports written and published by professors, graduate students, and other researchers in places like academic journals and shared at academic and youth conferences. We may also publish something called gray literature, which means we will write reports that will be published online. If you register on-line with Sharing the Stories, you will be able to come to the website whenever you want, take a look at the on-going results from the study, and provide more input to it. Again, no one will know which responses are yours—the data will be anonymized. This means your name will not be connected to any of your responses or the study in general.

What are your questions?

FRENCH Collecte de données : Scénarios des coachs/responsables de programme

Présentez-vous....

Expliquez aux participants où vous travaillez et ce que vous faites.

Expliquez **aux participants** ce que vous allez faire et pourquoi

Aujourd'hui, nous allons réunir vos commentaires et vos opinions sur votre engagement dans votre programme. Nous utiliserons des outils de recherche et de projet d'évaluation appelé Partageons nos histoires. Partageons nos histoires est mené par la Commission des étudiants du Canada, un organisme à but non-lucratif qui travaille de concert avec d'autres pour s'assurer que les jeunes sont valorisés et entendus et que leurs idées pour améliorer leur vie, celle de leurs pairs et de leurs communautés sont mises en action. Une façon de s'assurer que les jeunes sont entendus est de réunir leurs voix par le biais de Partageons nos histoires.

*Nous vous demandons de participer parce que vous êtes un expert dans votre domaine; votre voix nous aide à comprendre pourquoi les programmes ont un impact sur **les participants**, leurs communautés et les systèmes dans lesquels ils vivent. Nous pensons que cette recherche est importante car **les participants** devraient participer aux décisions sur les programmes et les politiques qui ont un impact direct sur leur vie afin d'améliorer le sort des jeunes au Canada.*

*Vous n'êtes pas obligé de consentir à participer à cette recherche. C'est votre choix. Même si vous consentez, vous pouvez ne pas répondre à certaines questions et arrêter de participer en tout temps. Si vous consentez à participer à cette recherche, vos réponses seront utilisées de deux façons: 1. Pour l'évaluation de ce programme et 2. Elles seront ajoutées à une grande base de données incluant toutes les réponses **des gens** du Canada et employées aux fins de recherche. Dans les deux cas, vos réponses sont anonymes—personne ne saura ce que vous avez dit. Si vous décidez de ne pas consentir à la recherche, vos réponses peuvent toujours faire partie de l'évaluation, mais ne seront pas incluses dans la grande base de données.*

Des questions? Vous comprenez la différence?

Dans le cadre de la recherche, on vous posera peut-être des questions personnelles ou délicates. Si elles soulèvent des émotions fortes, dites-le-nous.

*Tous les renseignements seront conservés dans un endroit verrouillé et sécuritaire dans les bureaux de la CÉC. Les données seront entrées avec un code à 5 chiffres alors même ceux qui entreront les données ne sauront pas à qui les données appartiennent. Seules trois personnes peuvent associer votre nom à votre **code**, mais tout notre personnel signe des ententes de confidentialité et fait tout son possible pour garder l'information confidentielle.*

Il existe trois circonstances dans lesquelles nous devrions peut-être partager vos informations avec une autre personne:

- *Si vous avez moins de 16 ans et que vous dites avoir été agressé ou risquez de l'être, la loi nous oblige d'en informer la direction de la protection de la jeunesse.*
- *Si vous dites que vous risquez de vous faire du tort, on doit vous donner de l'assistance.*
- *Si vous révélez que vous avez mis la vie de quelqu'un en danger, ou êtes sur le point de le faire, nous devons contacter les autorités compétentes.*

Continued on next page.

Expliquez aux participants à quoi servira leur voix ...

Si vous consentez à participer, dans le cours de votre participation à ce programme, vous aurez plusieurs occasions de partager votre voix. Aujourd'hui, nous vous écouterons à travers des [MÉTHODE CI-DESSOUS]....

Questionnaires!

Je vais vous remettre un paquet de feuilles avec un formulaire d'inscription, un consentement, et un questionnaire XX. Votre inscription vous donne la chance d'ouvrir une session sur notre plateforme en ligne pour consulter vos réponses, vos questionnaires et autres informations sur Partageons nos histoires, alors prenez en note votre nom d'utilisateur et mot de passe. Les résultats de l'étude seront ajoutés aux résultats des autres jeunes, jeunes adultes, et adultes du pays et analysés pour en dégager des tendances et des changements communs. Personne ne connaîtra vos réponses; elles sont anonymes. Vous pouvez cesser de participer à l'étude dans les trois mois après l'avoir complétée en contactant Nish Khanna à nish@studentscommission.ca.

Des questions?

Veillez me faire signe si vous avez besoin d'aide pour remplir votre questionnaire.

Si oui, dites :

Je peux vous aider à rédiger/saisir vos réponses au questionnaire (sur papier ou en ligne). Cela vous convient-il?

Si oui, dites :

Nous allons nous asseoir dans un coin de la pièce où vous pourrez me faire part de vos réponses en privé. Cela vous convient-il?

Si non, interrompez la discussion et remerciez-les. **Si oui**, continuez la discussion et trouvez un coin tranquille dans la pièce pour répondre ensemble au questionnaire. Rappelez au jeune les points suivants :

Si vous préférez ne pas répondre à l'une des questions, vous êtes libre de le faire; vous pouvez simplement la laisser en blanc. Si vous changez d'avis et ne souhaitez répondre à aucune des questions, c'est également possible. Vos réponses sont confidentielles et nous ne les communiquerons à personne.

Veillez cocher la case au bas de votre formulaire de consentement pour indiquer que vous acceptez que je vous aide.

Groupes de discussions!

Aujourd'hui nous allons discuter en groupe, ce qui signifie que nous parlerons de votre expérience dans ce programme. J'ai des questions pour susciter la discussion. Nous allons enregistrer les discussions avec ce microphone. Il est bien sensible, **alors** parlez le plus clairement possible et chacun votre tour. Mon partenaire, XX, va prendre des notes. Quand on aura terminé, je vais rapporter les notes et l'enregistrement à la CÉC où un employé consultera l'audio et les notes et pourra les transcrire au besoin. Vos noms et renseignements seront retirés. Les transcriptions et les notes seront analysées pour en dégager des tendances et des thèmes communs. Nous incluons des citations de certaines discussions/entrevues lorsque nous présenterons nos résultats mais jamais les noms y seront associés et nous nous assurerons qu'elles ne contiennent aucune information vous identifiant directement. Si vous ne voulez pas être cité pendant les entrevues ou les discussions, veuillez nous en informer.

Retirer son consentement à une discussion de groupe n'est pas possible car nous ne pourrions identifier vos réponses dans les transcriptions anonymes, mais vous pouvez demander que l'on retire une citation d'une évaluation ou d'un rapport de recherche en contactant Nish Khanna à nish@studentscommission.ca.

Des questions?

Méthodes axées sur les arts et les activités!

Aujourd'hui, nous effectuerons une évaluation axée sur les arts et les activités, intitulée xx. Vos créations pourraient se retrouver dans des rapports; cependant, votre nom n'y sera jamais associé, à moins que vous n'en fassiez la demande. Vous pouvez choisir de permettre que toutes, une partie ou aucune de vos contributions soient utilisées aux fins de recherche. Si une discussion a lieu, nous allons l'enregistrer. Mon collègue, XX, prendra des notes. Lorsque l'activité sera terminée, je ramènerai les notes/l'enregistrement audio à la CÉC, où un membre du personnel pourra vérifier l'exactitude des notes et/ou transcrire l'enregistrement audio. Il supprimera tous les noms et autres données permettant d'identifier les personnes concernées. Les transcriptions et les notes seront analysées afin d'en dégager les tendances et thèmes récurrents.

Nous incluerons peut-être des citations dans la présentation de nos résultats, mais nous ne citerons jamais de noms réels. Nous ferons également de notre mieux pour éviter que les extraits cités n'incluent des renseignements qui puissent indirectement vous identifier. Au cours de la discussion, veuillez nous prévenir si vous dites quelque chose que vous ne souhaitez pas voir cité.

Vous pouvez retirer votre consentement jusqu'à trois mois après avoir complété l'étude en contactant Nish Khanna à nish@studentscommission.ca. Mais si certaines contributions sont incluses dans les contributions de groupe (collage de photos, ou quelque chose que vous avez dit ayant initié une discussion), nous ne pourrons peut-être pas les retirer du projet.

Des questions?

Expliquez ce qu'il adviendra de leurs réponses...

Vos réponses seront utilisées pour créer un rapport d'évaluation de programme qui sera partagé avec les responsables du programme et ensuite avec vous!

Si vous consentez à la recherche, vos réponses pourront apparaître, de façon anonyme, bien sûr, dans des rapports publiés par des professeurs, des étudiants ou d'autre chercheurs dans des revues scientifiques ou partagés lors de conférences jeunesse. Nous publierons aussi peut-être des documents appelés littérature « grise », ce qui signifie que les rapports seront publiés en ligne. Si vous vous inscrivez en ligne avec Partageons nos histoires, vous pourrez visiter notre page et consulter les résultats de la recherche et même y contribuer de nouveau. Personne ne connaîtra vos réponses; l'information est anonyme. Votre nom n'est jamais associé à vos réponses ou à l'étude.

Des questions?

Introduction to Appendices

The following pages contain the entire body of measures of demographic, quantitative, qualitative, mixed, and arts-based tools. Various subsets of these measures have been used by over 300 partner organizations participating in StS research to date. The subset of measures used in each administration of surveys is program-specific. The measures/surveys are selected in consultation with the program and/or organizational staff, based on program objectives and overall StS research questions.

The overall research questions for the study are:

The following pages contain the various measures

- 1) How are youth programs associated with outcomes (e.g., community engagement) and to what extent – what can we say about effect size and causality?
- 2) How young people are changing over time in a program or multiple programs?
- 3) What program types, qualities and processes are important for which outcomes?
- 4) Which types of programs are effective and for whom?
- 5) Are there positive and negative outcomes associated with diversity? In what contexts/program types? For whom?
- 6) How does integration across sectors, services, communities and contexts influence individual, social, systems/community-level outcomes?
- 7) How do broader contexts and environments influence programs and outcomes?
- 8) How are young people contributing to community and civil society, including impacting and creating change? (youth contribution)?

Based on extensive Literature Reviews and our previous research, we will explore programs for their adherence to the basic components for effective programs and the relationship of adherence to these components generates answers to the above questions. We will encourage organizations to use several core surveys, supplemented by surveys and focus groups/interviews that speak to their particular program outcomes.

The Core Surveys are:

1. Participant Demographics
2. Organization, Program, Activity Demographics
3. Project Tracking Surveys/Tracking Tools
4. Program Qualities Survey
5. Plus two or more Outcomes surveys (measuring desired program outcomes)
6. Supported by focus groups, interviews, arts-based methods where appropriate to the program

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Demographics, Program Typology, and Outputs Surveys

The individual participant demographics survey is largely the same as the one given clearance in our previously approved study: GEDUC-677-13 Sharing the Story, TRAQ file no. 6010165. Previous ethical clearances are attached in Appendix G.

As indicated in the Methods section of our application, in addition to collecting data from individual participants, SCC/CEYE also obtains data from partner organizations on two separate aspects of programming. The following section of this Appendix contains the data collection tools for the participant demographics and the programming data. The two aspects of programming data are:

(a) program typology, comprising information of the fundamental aspects of the program, including governance policy, decision-making mechanisms, curriculum and models of engagement. This includes gathering information on the organization (the context within which the program sits) and specifics of activities within the program

(b) program outputs, including details on activities and products created

We have added substantially to the program typology, organizational and activity data, plus the output data that the StS study is collecting.

The surveys and guides contain codes in Table and Question Headings to assist Program Leaders and Coaches to identify, select, manage and analyze questions. These codes are in green text and are suppressed when surveys appear on line or are printed in paper format.

ID:

About You

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 20 minutes to fill out. It has 24 questions

Here are some questions about you. This information helps us understand who is participating in the activities and programs that we are working with. This information will also help us understand how youth engagement may be similar or different depending on age, gender, ethnicity, language, income and what part of the country you live in. You do not have to answer anything you do not want to; all questions are optional.

What is your birthdate? Month: Day: Year:

What gender do you identify with? (Please choose all that apply)

- | | | | | |
|-------------------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Third Gender | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Bigender |
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Trans | <input type="checkbox"/> Gender-Neutral | <input type="checkbox"/> Agender | <input type="checkbox"/> Gender fluid |

What cultural/ethnic group(s) do you identify with? (Please choose all that apply.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> East African (e.g. Ethiopian, Eritrean, Somali, etc.) | <input type="checkbox"/> Inuk | <input type="checkbox"/> Cambodian, Laotian, Indonesian, Vietnamese etc.) | <input type="checkbox"/> Eastern European (e.g. Ukrainian, Russian, etc.) |
| <input type="checkbox"/> West African (e.g. Nigerian, Ghanaian, etc.) | <input type="checkbox"/> First Nations – status or non-status | <input type="checkbox"/> West Asian (e.g. Afghan, Iranian, Turkish, etc.) | <input type="checkbox"/> Southern European (e.g. Greek, Italian, Macedonian, etc.) |
| <input type="checkbox"/> Southern African (e.g. Zimbabwean, South African, etc.) | <input type="checkbox"/> Japanese | <input type="checkbox"/> North American (e.g. Canadian, American, Mexican, etc.) | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Korean | <input type="checkbox"/> Northern European (e.g. Swedish, Danish, etc.) | |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Latin American | <input type="checkbox"/> Western European (e.g. British, French, etc.) | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Métis | | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> South Asian (e.g. Indian, Pakistani, Sri Lankan, Tamil etc.) | | |
| | <input type="checkbox"/> Southeast Asian (e.g. | | |

Do you consider yourself to be (Please choose all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bisexual (attracted to more than one gender) | <input type="checkbox"/> Lesbian (woman attracted to other women) | <input type="checkbox"/> Asexual (no sexual attraction to other people) |
| <input type="checkbox"/> Heterosexual/ Straight (attracted only to people who are not the same gender as you) | <input type="checkbox"/> Queer (anyone who does not identify as only heterosexual) | <input type="checkbox"/> Pansexual (not limited in sexual choice with regard to biological sex, gender, or gender identity.) |
| <input type="checkbox"/> Homosexual/Gay (attracted only to others of the same gender) | <input type="checkbox"/> Questioning (someone exploring their sexual orientation) | |

How do you identify (please choose all that apply?)

- | | |
|---|---|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> A person of colour | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> White | |

Continued on next page.

What religion or belief system do you identify with?

- | | | |
|---|---|---|
| <input type="checkbox"/> Atheist (actively does not believe in God) | <input type="checkbox"/> Jainism | <input type="checkbox"/> Taoism |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Judaism | <input type="checkbox"/> Agnostic |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Other: Please fill in description in Open Key Words box at end of survey |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Indigenous Belief System | |
| <input type="checkbox"/> Confucianism | <input type="checkbox"/> Personal Belief System | |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Shinto | |
| | <input type="checkbox"/> Sikhism | |

Were you born in a country other than Canada?

- Yes No I don't know

Were your parents born in a country other than Canada?

- Yes No One was I don't know

Where do you live?

- In the country or on a farm In a small town (at least 5000 people) In a big town/small city (at least 10,000 people) In a big city On a reserve In a fly-in community

Do you live more than an hour's drive from a city?

- Yes No I don't know

When you are at home or with your family, what language(s) do you usually speak? (Please choose all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> First Nations Language |
| <input type="checkbox"/> Arabic | | |
| <input type="checkbox"/> Bangla / Bengali | <input type="checkbox"/> Cantonese / Chinese / Mandarin | |
| <input type="checkbox"/> Filipino / Tagalog | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean <input type="checkbox"/> Nepali <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish <input type="checkbox"/> Tamil <input type="checkbox"/> Twi |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Japanese |

Do you have enough money to meet your basic needs (food, housing, clothing, health care)?

- Not at all Hardly ever Sometimes Mostly Always

Do you have enough money (from a job, parents/guardians, etc.) to do the fun things you'd like to do?

- Not at all Hardly ever Sometimes Mostly Always

Where do you live? (Choose one answer that best fits)

- In your parent's home In your own home In a group home Homeless, not welcome at home, couch surfing
- Homeless, on the street In foster care With a guardian In residence at school
- Other: please fill in Key Word Box at end of survey

Who do you live with? (Please choose all that apply)

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Mom(s)Birth/Adoptive | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Girlfriend / Boyfriend | <input type="checkbox"/> Parents share custody | <input type="checkbox"/> group home |
| <input type="checkbox"/> Dad(s)Birth/Adoptive | <input type="checkbox"/> Other relatives | <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Pets | <input type="checkbox"/> Staff / Residents of closed custody facility |
| <input type="checkbox"/> Step Mom | <input type="checkbox"/> Brother(s) / Sister(s) | <input type="checkbox"/> My Child / Children | <input type="checkbox"/> Roommate(s) / Friend(s) | |
| <input type="checkbox"/> Step Dad | <input type="checkbox"/> Adopted / Foster | <input type="checkbox"/> Aunt(s) / Uncle(s) | <input type="checkbox"/> Live on my own | |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Brother(s) / Sister(s) | <input type="checkbox"/> Grandfather / Grandmother | <input type="checkbox"/> Staff / Residents of | |

What is your primary caregiver's (e.g. parent, guardian) highest level of education?

- Doesn't apply or you don't know Did not finish high school Finished high school Some college or university
- Finished college or university Finished graduate degree

Do you have a disability?

- Yes No

Continued on next page.

Do you have accessibility needs?

- Yes No
-

What city or town do you live in?

What province/territory do you live in?

- British Columbia Alberta Saskatchewan Manitoba Ontario Quebec New Brunswick Nova Scotia
 Prince Edward Island Newfoundland and Labrador Nunavut Yukon Northwest Territories

What is your postal code??

If you live outside of Canada, what country do you live in?

What grade are you in or are you doing something else?

- | | | | | |
|---------------------------------------|-----------------------------------|---|---|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> College | <input type="checkbox"/> working | |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> University | | <input type="checkbox"/> Not working or in school |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Graduate Studies | <input type="checkbox"/> Finished college or university and working | |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Not finished high school and working | <input type="checkbox"/> Finished graduate degree and working | |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Finished high school and | | |
| <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Finished high school and | | |
| <input type="checkbox"/> Grade 6 | <input type="checkbox"/> CEGEP | | | |
-

What marks do you usually get?

- Below 50% 50%-59% 60%-69% 70%-79% 80%-89% 90%-100%
-

Up to 5 keywords which best describe you or descriptions not included in the survey that you want to tell us. Please separate each keyword with a comma. This will help us learn about what makes you unique and help to change future surveys so that there are better choices for people.

Organization:

Program:

Activity:

Typology of Stream (Groupings of Organizations)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name. The name of your organization is not released unless express consent from signing authorities of your organization is obtained.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module may be filled out by you, on behalf of your organization, in collaboration with a Sharing the Stories coach if you wish that assistance. This module will take you about 7 minutes to fill out. It has 9 questions

SCC Internal Categories: The following information is used to assist The Students Commission to manage your data, and to explore research questions that involve analyzing data from different organizations in the same and different categories.

ST Organizational streams

1. What is the name of the stream? Please consult your coach if you are unsure.					
2. What is the status of this stream?	<input type="radio"/> Active	<input type="radio"/> Archived	Notes:		
3. What is the language of surveys used in this stream?	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> English and French		
4. What is the purpose of creating this stream?	<input type="radio"/> Common goal	<input type="radio"/> Geography (location)	<input type="radio"/> Funding source	<input type="radio"/> Advisories	<input type="radio"/> Government associated agencies
5. What is the focus of investment?	<input type="radio"/> Individual change	<input type="radio"/> Social change	<input type="radio"/> System change		
6. What is the geographical scope of the stream?	<input type="radio"/> Local	<input type="radio"/> Regional	<input type="radio"/> Provincial/ Territorial	<input type="radio"/> National	<input type="radio"/> International
7. Please describe the stream?					
8. What are the goals of the stream?					
9. Approximately, how many organizations in the stream					

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool

Organization:

Program:

Activity:

Organizational Typology

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name. The name of your organization is not released unless express consent from signing authorities of your organization is obtained.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module may be filled out by you, on behalf of your organization, in collaboration with a Sharing the Stories coach if you wish that assistance. This module will take you about 50-60 minutes to fill out in one session, and can also be filled out over several sessions. It has 86 questions.

OT 1: Contact information

Please tell us the name of your organization and contact information:

1. Organization Name:			
3. Contact: First Name			
4. Contact: Last Name			
5. Role			
6. Email:			
7. Main Organization Phone		8. Contact Phone:	
9. Language	<input type="radio"/> English	<input type="radio"/> French	Notes
10. Organization Street Address			
11. City	12. Postal Code	13. Province/Territory	14. Country
15. Stream Status	<input type="radio"/> In stream	<input type="radio"/> Out of stream	
16. Organizational Scope	<input type="radio"/> Local	<input type="radio"/> Regional	<input type="radio"/> Provincial/Territorial
		<input type="radio"/> National	<input type="radio"/> International

Please tell us about your organization

OT 2: Internal categories

1. Research Status	<input type="radio"/> Active	<input type="radio"/> Archived	<input type="radio"/> To be activated
2. Stream Status	<input type="radio"/> Instream	<input type="radio"/> Out stream	Notes:
4. SCC Main Point of Contact.			
5. Description			
6. Relationship with SCC			

Continued on next page.

OT 3A: QUAL: Organizational purpose

What is your organization's purpose?

OT 3B: QUAN: Organizational philosophy

Is youth engagement supported institutionally? (Please check all that apply)

- | | |
|---|----------------------------------|
| 1. There is a policy requirement that youth must be involved in decision-making. | <input type="radio"/> |
| 2. There are procedures that enable youth to join in decision-making. | <input type="radio"/> |
| 3. There are resources dedicated to supporting youth engagement. | <input type="radio"/> |
| 4. There is a written organizational commitment to youth engagement. | <input checked="" type="radio"/> |
| 5. There is training and ongoing professional development for staff about youth engagement. | <input checked="" type="radio"/> |

OT 4: QUAN: Function

What are the major sources/activities of your organization? (Please check all that apply below)

- | | |
|-----------------------------|----------------------------------|
| 1. Housing services | |
| 2. Employment services | <input type="radio"/> |
| 3. Educational services | <input type="radio"/> |
| 4. Physical health services | <input checked="" type="radio"/> |
| 5. Mental health services | <input checked="" type="radio"/> |
| 6. Physical activity | <input checked="" type="radio"/> |
| 7. Youth drop-in | <input checked="" type="radio"/> |
| 8. Youth advisory committee | <input checked="" type="radio"/> |
| 9. Counselling | <input checked="" type="radio"/> |
| 10. Youth group | <input checked="" type="radio"/> |
| 11. Other (OT 3 QUAN) | <input checked="" type="radio"/> |

Please describe:

OT 5A: Youth profile

- | | | |
|--|---------------------------|--------------------------|
| 1. Is it primarily a youth organization? | <input type="radio"/> Yes | <input type="radio"/> No |
|--|---------------------------|--------------------------|

Continued on next page.

OT 5B: Youth profile	Applies
Generally, who are the young people targeted/served? (Please check all that apply below)	<input type="radio"/>
1. Indigenous youth	
2. Racialized youth	<input type="radio"/>
3. Newcomer youth	<input type="radio"/>
4. Francophone youth	<input type="radio"/>
5. LGBTQ+ youth	<input type="radio"/>
6. Youth living with disabilities or special needs between the ages of 12-29	<input type="radio"/>
7. Youth living in rural and remote communities	<input type="radio"/>
8. Youth vulnerable to becoming or who are in conflict with the law	<input type="radio"/>
9. Youth in care or leaving care	<input type="radio"/>
10. Youth in low-income situations or from low-income families	<input type="radio"/>
11. Youth at-risk of or have been pushed/dropped out of school	<input type="radio"/>
12. Children aged 6-12	<input type="radio"/>
13. All youth	<input type="radio"/>
Please describe:	

OT 6: Youth involvement
What are the roles of young people? (Please check all that apply below)
1. Youth are participants in the program <input type="radio"/>
2. Youth receive services <input type="radio"/>
3. Youth develop programs/services <input type="radio"/>
4. Youth deliver programs/services <input type="radio"/>
5. Youth evaluate programs/services <input type="radio"/>
6. Youth design and implement evaluation <input type="radio"/>
7. Youth make decisions about the program/services <input type="radio"/>
8. Youth are involved in decisions about the organization <input type="radio"/>
9. Youth are advisors to the organization <input type="radio"/>
10. Youth are on the Board of Directors <input type="radio"/>
11. Youth are on the hiring committee and/or involved in hiring decisions? <input type="radio"/>
12. Youth recruit peers to the program <input type="radio"/>
13. Other:
Please describe:

Continued on next page.

OT 7A: Youth governance

1. Is there a formal mechanism for youth to be involved in governance and decision-making? Yes No

OT 7B: Youth involvement

At what level of the organization does youth engagement occur? (Please check all that apply below)

1. Youth are involved in decisions at the program level (e.g. operational decisions)
2. Youth are involved in decisions at the organizational level (e.g., strategic decisions)
3. Youth are involved in financial planning and decision-making at the operational level
4. Youth are involved in financial planning and decision-making at the strategic level

OT 8: Organizational size

1. How many staff are there in the organization?
2. How many staff in the organization are under 18 years old?
3. How many staff in the organization are 12-29 years old?
4. How many youth programs do you have in your organization?
5. Approximately how many youth do your programs serve annually in total?

OT 9: Constraints

Do youth face organizational constraints (Please check all that apply below)

1. Youth are not allowed in some of the rooms or spaces in the organization.
2. Youth are not allowed in staff meetings
3. Youth are not allowed in Board meetings
4. Youth cannot leave without permission
5. Other

Please describe:

OT 10: Connections

1. How many other organizations are connected to your organization?
2. Do young people from other organizations get referred to your program? Yes No
3. If yes, from how many organizations?
4. If yes, how many youth have been referred to your program?
5. Does your organization refer youth to other organizations?
6. If yes, from how many organizations?
7. If yes, how many youth have been referred to your program?

Continued on next page.

OT 11: Duration

1. Typically, how long are youth involved with your organization?

- 1 day
- 1 week
- 2-3 weeks
- 1 month
- 2-3 months
- 3-6 months
- 6 months to 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5+ years

OT 12: Intensity

1. Typically, how often do youth participate in your organization?

- 3+ times a week
- Twice a week
- Once a week
- Once a month
- Once every 3 months or less

OT 13: Breadth

1. How many different types of activities are available to youth in your organization?

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Sharing the Stories

ID:



The Students
Commission
Centre of Excellence for
Youth Engagement

Program Typology

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name. The name of your organization is not released unless express consent from signing authorities of your organization is obtained.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module may be filled out by you, on behalf of your organization, in collaboration with a Sharing the Stories coach if you wish that assistance. This module will take you about 50 minutes to fill out. It has 62 questions.

This information can be filled out through this survey form and/or in conversation with your Sharing the Stories coach.

PT 1: Contact information

Please tell us the name of your program and contact information in the following table.

1. Program Name:					
3. Contact: First Name					
4. Contact: Last Name					
5. Role					
6. Email:					
7. Main Program Phone		8. Contact Phone:			
9. Program Language	<input type="radio"/> English	<input type="radio"/> French	Notes		
10. Program Address					
11. City	12. Postal Code	13. Province/Territory	14. Country		
15. Stream Status	<input type="radio"/> In stream	<input type="radio"/> Out of stream			
16. Program Scope	<input type="radio"/> Local	<input type="radio"/> Regional	<input type="radio"/> Provincial/Territorial	<input type="radio"/> National	<input type="radio"/> International
17. Description					

Please have your coach fill in the following.

PT 1: Internal categories

1. Research Status	<input type="radio"/> Active	<input type="radio"/> Archived	<input type="radio"/> To be activated
2. Stream Status	<input type="radio"/> Instream	<input type="radio"/> Out stream	Notes:
3. SCC Main Point of Contact.			

Continued on next page.

Please choose all that apply.

PT 2A: Staff Fields of Practice	
1. What are the common fields of practice for staff? (Please choose all that apply?)	<input type="radio"/> Recreation <input type="radio"/> Life experience <input type="radio"/> Community psychology <input type="radio"/> Community development <input type="radio"/> Social work <input type="radio"/> Education <input type="radio"/> Mental Health <input type="radio"/> Physical Health (e.g.,Nursing) <input type="radio"/> Justice/Law Enforcement <input type="radio"/> Other (please describe)
If Other, please describe:	

How much do you agree or disagree with the following statements?

PT 2B: Staff Education and Training	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Relevant certification is highly important to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A relevant traditional degree is highly important to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Relevant identity is highly important to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Relevant cultural experience is highly important to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. On-the- job training is highly important to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about the reach of your program.

PT 3: Program outreach	
1. Who is the target participant?(Please choose all that apply?)	<input type="radio"/> Youth <input type="radio"/> Young adult (18+) <input type="radio"/> Youth and young adult <input type="radio"/> Adult <input type="radio"/> Parents/guardians <input type="radio"/> Other (please describe)
If Other, please describe:	<input type="radio"/> Yes <input type="radio"/> No
2. Our program brings together a similar group of youth.	<input type="radio"/> Yes <input type="radio"/> No
3. Our program strives to bring together a diverse group of youth.	<input type="radio"/> Yes <input type="radio"/> No
4. Our program strives to being together a mixed representation of target groups of youth.	<input type="radio"/> Yes <input type="radio"/> No

How much do you agree or disagree with the following statements?

PT 4: Diversity within the Program	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Our program has the right diversity of staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our program has the right diversity of youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please tell us about the structure of your program. Please choose one that applies.

PT 5: Structure of Program

- | | |
|--|---|
| 1. How would you describe the program space? | <input type="radio"/> Open space, no structure
<input type="radio"/> Open space, intentional structure
<input type="radio"/> Predetermined space |
| 2. How would you describe youth attendance? | <input type="radio"/> Irregular
<input type="radio"/> Regular without expectation
<input type="radio"/> Required attendance |
| 3. What is the frequency of the program? | <input type="radio"/> One-time event
<input type="radio"/> Daily
<input type="radio"/> Several times a week
<input type="radio"/> Weekly
<input type="radio"/> Bi-weekly
<input type="radio"/> Monthly
<input type="radio"/> Quarterly
<input type="radio"/> Annually |
| 4. What is the intensity of the program? | <input type="radio"/> Sessions are less than 3 consecutive days
<input type="radio"/> Sessions are 3 or more consecutive days
<input type="radio"/> Sessions are 7 or more consecutive days
<input type="radio"/> Sessions are less than 3 consecutive days and overnights
<input type="radio"/> Sessions are 3 or more consecutive days and overnights
<input type="radio"/> Sessions are 7 or more consecutive days and overnights
<input type="radio"/> Sessions are not consecutive |
| 5. What is the program duration? | <input type="radio"/> One-time event
<input type="radio"/> Week-long program
<input type="radio"/> Short duration (12 weeks and under)
<input type="radio"/> Longer duration (over 12 weeks)
Or
<input type="radio"/> One day or less
<input type="radio"/> Several days
<input type="radio"/> Week-long program
<input type="radio"/> Month-long program
<input type="radio"/> Short duration (2-3 months)
<input type="radio"/> Longer duration (more than 3 months) |
| 6. How would you describe staff involvement? | <input type="radio"/> No staff in the room
<input type="radio"/> Staff in the room only to supervise
<input type="radio"/> Staff offer their hands-on support and youth choose the level they engage with staff
<input type="radio"/> Staff are always (primarily?) hands-on with youth
<input type="radio"/> Staff primarily teaching, leading youth |
| 7. What type of planned programming do you have? | <input type="radio"/> None
<input type="radio"/> Emergent
<input type="radio"/> Set in advance |

Please tell us how many youth are in your program?

PT 6: Program Size

- | |
|---|
| 1. How many youth are involved in your program? |
|---|

Continued on next page.

Please tell us about the models and frameworks your program uses.

PT 7: Frameworks and models

1. Does your program have an underlying framework or model?

- Yes
- No
- Not sure

2. If yes, please choose all that apply.

- Anti-colonial
- Anti-racist
- Anti-violence
- Assets-based (e.g. 40 Developmental assets)
- Collective Impact (think
- Cultural
- Gender-based analysis
- Harm reduction
- Intersectional
- Multicultural
- Positive Youth Development (PYD) (e.g. 5 C's)
- Self-determination theory (i.e. Autonomy, relatedness, competence)
- Strengths-based
- Youth engagement
- Other: Please describe below

Please name and describe other model or framework.

3. What are the goals of the youth program? Please choose all that apply.

- Addictions/substance use
- Civic engagement
- Cultural
- Educational
- Employment
- Entrepreneurial
- Environmental
- Friendship (youth cite these as reasons they join programs)
- Fun
- Fundraising
- Housing
- Leadership
- Mental health and well-being
- Physical health and well-being
- Political
- Recreational
- Skill development
- Social justice
- Spiritual
- Relationships
- Self-confidence
- Other: please describe

Please name and describe other goals.

4. What is the mandate of your program?

Continued on next page.

PT 8: Program Qualities

1. Generally, who is the program for?
(Please choose all that apply)

- Academic achievers
- All youth
- Children aged 6-12
- Ethno-cultural group
- Francophone
- High income
- Homeless
- Indigenous
- In care or leaving care
- In conflict with the law or vulnerable to becoming in conflict with the law
- LGBTQ+
- Low income families or situations
- Multiracial
- NEET (Not in employment, education nor training)
- Neuro-atypical
- Newcomer
- Pushed out/dropped out of school (or at risk of being pushed out)
- Racial minority
- Rural or remote
- Suburban
- Urban
- Youth living with disabilities or special needs between the ages 12-29
- Youth (13+ years)
- Young adults (18-24 years)

2. What types of activities does your program offer? (Please choose all that apply)

- Team sport
- Individual sport
- Music/arts
- Informal physical activity
- Religious
- Political
- Community clubs
- Hobbies
- Computers/video games
- Educational/homework

3. How is youth engagement supported in your organization (Please choose all that apply)?

- There is a policy requirement that youth must be involved in decision-making
- There are procedures that enable youth to join in decision-making
- There are resources dedicated to supporting youth engagement
- There is a written organizational commitment (e.g., policy, mission statement) to youth engagement
- There is training and ongoing professional development for staff about youth engagement
- Organizational support for youth engagement comes from a single (or few) adult allies
- Youth engagement is consistently supported by everyone in the organization

4. What are the roles of young people in the program? (please choose all that apply)

- Youth are participants in the program
- Youth receive services
- Youth develop programs/services
- Youth deliver programs/services
- Youth evaluate programs/services
- Youth design and implement evaluation
- Youth make decisions about the program/services
- Youth are involved in decisions about the organization
- Youth are advisors to the organization
- Only Youth lead the organization (added)
- Youth and adults share leadership in the organizations (added)
- Youth are on the Board of Directors
- Youth are on the hiring committee
- Youth recruit peers to the program
- Other: Please describe below

Other: please describe

5. What are the growth opportunities of young people in the program? (Please choose all that apply)

- Social relationships (peers and adults) (e.g., positive role models, teamwork, friendship, mentorship)
- Identity development
- Positive values and norms
- Generativity (i.e., contribute to their community, make improvements for the benefit of their peers and younger youth)
- Leadership
- Self-efficacy
- Skill development

Continued on next page.

PT 9: Referrals

1. Who do you allow referrals from?

2. Please list associated organizations that refer or recommend youth to your organization.

3. Who do you allow new referrals to?

4. Please list associated organizations to which you refer or recommend youth.

PT 10: Integration

1. Is the program integrated with other programs and services?

Yes

No

If yes, please describe which programs and services

PT 11: Youth Involvement

1. How do youth join your program?

- Youth go through an application process and are selected from a pool of applicants
- Youth can drop-in if they want to
- Youth are registered for a series of activities
- Youth are required to attend
- Youth receive compensation to attend
- Youth try out for the program and are selected based on their performance

PT 12: Program Staff Size

1. How many staff are there in the program?

2. How many staff in the program are under 18?

3. How many staff in the program are 18-29?

PT 13: Breadth

1. How many different types of activities are available to youth in your organization??

Activity Typology

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name. The name of your organization is not released unless express consent from signing authorities of your organization is obtained.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module may be filled out by you, on behalf of your organization, in collaboration with a Sharing the Stories coach if you wish that assistance. This module will take you about 15-20 minutes to fill out. It has 21 questions.

This data is collected as a particular activity inside the Program is initiated by the Program with the StS coach through meetings, phone calls, and the survey

AT 1: Activity Basics Current

1. Activity name				
2. Description				
3. Timepoint	Activity start	Middle of activity 1	Middle of activity 2	Activity end
4. Year				
5. From				
6. To				
7. Will new locations be allowed?	<input type="radio"/> Yes		<input type="radio"/> No	
8. If yes, please list associated locations.				

AT 2: Activity New Detail

1. What is the type of activity you are evaluating?	<input type="radio"/> Ongoing Activity – cohort/registered <input type="radio"/> Ongoing Activity – drop-in <input type="radio"/> Training or Workshop (youth or staff) <input type="radio"/> Event – short (1 day or less) <input type="radio"/> Event – long (multi-day)
2. What is the scope of your activity?	<input type="radio"/> Local <input type="radio"/> Regional <input type="radio"/> Provincial/territorial <input type="radio"/> National <input type="radio"/> International
3. How many Youth are attending	
4. What is the Age Range of Youth attending	
5. How many Adults are attending	
6. What are the goals of your activity?	

Continued on next page.

AT 2: Activity New Detail

7. Please provide a brief description of your activity:
(e.g., issues discussed, outcomes, process for the activity, etc.)

8. Please provide any other pertinent information:
(e.g., who facilitated the activity, how many teams/groups, etc.)

9. Who will be the Users filling out surveys/tools?

- Youth
- Youth and Young Adults
- Adults
- Adults and Youth
- Adults, youth and young adults

10. What method of data collection will you will use:?

- Online
- Paper (you will send to SC for data entry)
- Paper and Online (you will collect and enter paper surveys online)
- Arts-based other than paper or online

11. Would you would like a data analysis and report? Yes No

12. Would you like the data to do your own analysis and report: (Data is supplied without identifying information) Yes No

13. Add any other notes about your activity:

ID:

Program Outputs Tracking

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name. The name of your organization is not released unless express consent from signing authorities of your organization is obtained.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-20 minutes to fill out. It has 20 questions.

Instructions: This data is collected over the course of a year by the Program Leaders and their StS coaches through meetings, phone calls, and this survey form, either in this paper format or on-line.

Thoughts for those who want to start tracking their programs:

POT 1: Tracking Checklist

1. Review any documents related to the creation (may use the Origin Story survey tool) and/or funding of the program. What are you supposed to be tracking? The older the program the more interesting this might be re its core components and what's changed over time and why. Notes
2. Create a Theory of Change or Logic Model, if there isn't one. Check that it aligns with the Program Design. These steps will assist with the Evaluation. Anything that's been listed as a measurable effect on a logic model may be a good idea to track. Notes
3. Think about sustainability of your tracking: be sure to choose consistent time periods that are actually realistic (ie. don't choose monthly if it isn't feasible, set calendar reminders for tracking dates), choose a reasonable amount of things to track). Notes
4. Think about collecting different types of information at different times. Not all the information needs to be tracked at the same time or from the same source. Notes
5. Review with your StS coach the suite of survey tools and resources available to you. Identify which parts of tracking your project you think will be necessary for research, for evaluation, and for reporting. Set up an easy system/s for tracking , such as spreadsheets, folders for saving photos/ press, notes on cell for more organic mentions . Those items used for research will have a specified process for collection and retention, identified at the top of each tool you use to collect the data with. Notes

Tracking Measures from daily programming

POT 2: Pre Program

1. What is the number of young people who are interested in the program?
2. What is the number of young people who apply to the program (if it requires an application)?
3. What are the ages/numbers of staff for the program (e.g. some might be youth)
4. Is there Important demographic information for staff i.e. if it is a program from a certain population, does the staff reflect that population?

Continued on next page.

POT 3: Daily Program Log

1. What is the number of youth in attendance?

2. What is the number and role of staff

Number

Role

3. What are the dates and locations of meetings/ drop ins/workshops/ events held?

4. What are the numbers of volunteers in attendance?

5. What are the numbers of other attendees and who are they? (e.g. community partners, partner organizational staff, local politicians, media...)

6. Describe the workshop or activity.

7. Any incentives or entitlements disbursed? What were they?

8. Was Food served? What was it? Who supplied or created it? Were youth involved in its preparation, cleaning up?

9. What are the numbers of young people who perform/ speak at meetings, drop ins, workshops, events

10. Note interesting topics or conversations that happen at meetings/ drop ins/workshops/ events/protests. Any challenges during the program? What happened?

11. Note other reflections

Continued on next page.

Optional Additions to Daily Log for Different Areas of Program Focus

POT 4: Daily Program Log Mental Health and Wellness

Number Description

1. Describe any mental health-related incidents addressed within the program?

1a) Peer to Peer

1b) Staff to Youth

1c) Other

2. How many referrals to mental health/health supports. Please describe.

3. How many referrals that connect youth/families with support and entitlements

4. Description of and number of times healing practices happen in a group e.g. did you smudge at group? This can be tailored to what is culturally relevant for each group.

POT 5: Daily Program Log Physical Health

Number Description

1. Describe any new skills taught, e.g. physical/athletic skills, food and nutrition

2. Describe any demonstration of new skills by youth

POT 6: Daily Program Log Education /School

Number Description

1. Describe youth accessing tutoring

2. Describe youth referred to tutors or other education support

3. Describe staff connections with school staff (educators/administration...)

4. Describe types of connections to school other than academic

POT 7: Daily Program Log Work

Number Description

1. Describe # of events and # of attendees at events that link education to future employment
2. Connections of youth to job fairs, hiring fairs...
3. Job References given for youth
4. Describe types of connections to school other than academic

POT 8: Daily Program Log Family

Number Description

1. Describe # Connections of program to family (direct, indirect)
2. Describe any Attendance of family at program/in programming

POT 9: Daily Program Log Engagement

Number Description

1. Describe any civic engagement opportunities
2. Describe any Socio/Political topics discussed in program
3. Describe any Deputations delivered at school board, town/city councils, provincial or federal committees
4. Describe an Participation in Political Town Halls

POT 10: Daily Program Log Diversity

Number Description

1. Describe any # of experiences of diversity (writ broadly: programming, people, ideas, activities)
2. # of activities connecting participants to things outside the program

POT 11: Daily Program Log Inclusion

Number Description

1. Describe any Incidents relating to inclusion, peer and staff responses,

2. Describe any Program changes, shifts related to inclusion, belonging, safety

3. Describe any changes external to program: actions related to inclusion/outreach to others

POT 12: Daily Program Log Production Related

Number Description

1. Describe any Number of art pieces published/ released/ finished

2. Describe any Number of informational (presentations, email newsletters, blogs, posts on social, statements etc.) pieces published/ released/ finished/ shared

3. Describe any Number of knowledge products created (tool kits, educational materials, workshops developed, posters, guidelines etc.)

4. Describe any Clicks/ Views / Shares on any of the above

POT 13: Daily Program Log Social Media Related

Number Description

1. Simple: Record Number of followers on each platform

2. Simple: Note when key organizations or individuals follow your work

3. Simple: Collect screenshots of meaningful comments/ interactions

4. More complicated: Number of views, likes, shares, over a time period

POT 14: Daily Program Log System Measures for Agencies

Number Description

1. Describe any Changes in how youth are engaged/connected with partner agencies (system of care)

2. Describe any Actions moving towards safer & accessible space for all youth

3. Describe any Shifts in staff interactions between agencies (system of care)

4. Other

POT 15: Daily Program Log Policy

Number Description

1. Describe any Shifts/changes in organizational policy affecting program and vice versa, program effects on organization

2. Describe any Shifts/changes in external policy (multiple levels) affecting program and vice versa, program effects on organization

Partner Measures

These can be particularly difficult to track, can be helpful to ask team at every meeting who they have spoken to since the last meeting and the outcome and write it down then.

POT 16: Daily Program Log Partner Measures

Number	Description
1.	Describe Number of organizations/ individuals who reached out to program via email, in-person (extra: reason for reach out)
2.	Describe Number of presentations/workshops/ panels / speaking events attended where you shared information about your work
3.	Describe Number of partnerships maintained
4.	Describe Number of new organizational relationships formed
5.	Describe How are relationships being captured (formal agreements, contacts list, shared among team members...)?
6.	Describe Who is referring people to you? Number of people being referred

POT 17: Daily Program Log Health of Collectives

10 High	Description
1.	Describe Level of satisfaction reporting among partners with regard to: Trust
2.	Describe Level of satisfaction reporting among partners with regard to: Communication
3.	Describe Level of satisfaction reporting among partners with regard to: Common agenda
4.	Describe Level of satisfaction reporting among partners with regard to: Shared measurement system
5.	Describe Level of satisfaction reporting among partners with regard to: Progress towards outcomes

POT 18: Daily Program Log Systems Change, Shifting conversations, raising awareness

10 High Description

1. Describe any News Articles

2. Describe any Conversations on Social Media

3. Describe any Education delivered to decision makers

4. Describe any Other community changes (i.e. have people put up signs that may be related to your cause, added topics to their educational materials, brought up issues related to your work in a public forum, protests related to your causes)

5. Describe any Number of coverages by other organizations (via social media etc.)

6. Actually download and save mentions of your work, features, etc. published online or in scan and save if in print

7. Track dates and types of media coverage given to your work (ie. podcasts, blogs, news pieces, other websites)

8. Collect Staff, youth observations, reflections (use StS tools for this in consultation with coach)

Quantitative Tools: Current

The surveys in the following section are primarily quantitative and largely the same as the ones given clearance in our previously approved study: GEDUC-677-13 Sharing the Story, TRAQ file no. 6010165. Previous ethical clearances are attached in Appendix G.

Various subsets of these measures have been used by over 300 partner organizations participating in StS research to date. The subset of measures used in each administration of surveys is program-specific. The measures/surveys are selected in consultation with the program and/or organizational staff, based on program objectives and overall StS research questions.

Some question sets re-occur in different composite surveys of sub-measures.

These surveys are also administered in post-retrospective format. For examples of post-retrospective versions, please see the Engaged in Community and Healthy, Close Relationships surveys.

The surveys and Guides contain Codes in Table and Question Headings to assist Program Leaders and Coaches to identify, select, manage and analyze questions. These are in green text and are suppressed when surveys appear on line or are printed in paper format.

ID:

Academic Success

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5 minutes to fill out. It has 6 questions.

Think about how you see your future. What are the chances that you will...

AS 1 Future Plans	Very low	Low	About 50/50	High	Very high
1. Graduate from high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Go to a professional school to learn a trade (i.e. hairdresser, mechanic, plumber, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Go to college or university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AS 1 Future Plans or Demographics	6th grade	7th grade	8th grade	9th grade	10th grade	11th grade	12th grade	College/ university	Graduate school
4. If you are still in school, what grade are you in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If you are not in school (you graduated or dropped out), what grade did you finish before you left?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AS 1 Future Plans or Demographics	90%-100%	80%-89%	70%-79%	60%-69%	50%-59%	Below 50%
6. What kind of marks do/did you usually get?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Addressing Social Issues

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 20 minutes to fill out. It has 28 questions.

How much do you agree or disagree with the following statements?

ASI1 Cognitive Empowerment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Only by working together can people make changes in a community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can impact community issues only by working in an organized way with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To improve my community, it is more effective to work with a group than as an individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The only way I can act to improve the community is by connecting to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

ASI2 Cognitive Empowerment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. If youth are making a change in a community, sooner or later, they will encounter conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Those with power try to silence youth who challenge them too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When teens work for change, it doesn't take long for the system to push back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Those with power undermine youth that challenge too much, and reward youth that are obedient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Authorities punish those who don't accept what those authorities want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Schools and communities ignore issues raised by youth that these groups don't want to address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Influential people work to keep youth unaware of many issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Those with power are skilled at getting most youth to believe what the powerful want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Authorities are able to get youth to interpret most things from the authority's perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. People are accepting when people work to improve schools or the community, but only when this doesn't challenge those in authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

ASI3 Justice oriented citizen	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I will work with others to change unfair laws.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think it is important to protest when something in society needs changing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think it's important to buy products from businesses who are careful not to harm the environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I think it is important to challenge things that are not equal in society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please indicate how often in the past year you have done the following things:

ASI4 Civic Participation	Never	Once or twice	A few times	Often	A lot
1. Did things to help improve your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Helped organize neighborhood or community events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Volunteered at a school event or function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Participated in a group based on your culture or identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Participated in a discussion about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Attended an event to gather information about an issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Signed a petition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Contacted an official to give them your opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Participated in a peaceful protest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Posted about news, issues or politics using social media (Facebook, Twitter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Consistent Caring Person

This module will take you about 5 minutes to fill out. It has 8 questions.

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

How much do you agree or disagree with the following statements?

CCP1 Adult Support	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. There are adults I can ask for help when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I know adults who are willing to help me find a job when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I have a personal problem there are adults I can turn to for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is at least one adult outside of school and home that I really admire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Outside of my home and school there is an adult who believes I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Please answer the following questions.

CCP2 Social support, partnerships, connection	Not at all	A little bit	Moderately	A lot	Completely
1. Do you have help or support from people when you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well do you work with adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well do you feel connected to your parents or guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Engaged in Community

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 10 minutes to fill out. It has 15 questions.

A. Please indicate how often in the past year you have done the following things:

EC1 Civic Participation	Never	Once or twice	A few times	Often	A lot
1. Participated in a group based on your culture or identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Participated in a discussion about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attended an event to gather information about an issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Participated in a peaceful protest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Posted about news, issues or politics using social media (Facebook, Twitter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How much do you agree or disagree with the following statements?

EC2 Sociopolitical Control	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I enjoy participation because I want to have as much say as possible in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My friends and I can really understand what's going on with my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a pretty good understanding of the important issues that affect my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My friends and I have the ability to participate effectively in community activities and decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There are many ways for my friends and me to have a say in what our community does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Most community leaders would pay attention to me if I gave them my opinion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Many local activities are important to participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Please answer the following questions.

EC3 Integration, sense of community	Not at all	A little bit	Moderately	A lot	Completely
1. How much do you feel that you are part of your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much do you want to be more involved in volunteer activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well do you know your own community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Engaged in Community Icons

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 15 questions.

A. Please indicate how often in the past year you have done the following things:

EC1 Civic participation	Never	Once or twice	A few times	Often	A lot
1. Participated in a group based on your culture or identity					
2. Participated in a discussion about a social or political issue					
3. Attended an event to gather information about an issue					
4. Participated in a peaceful protest					
5. Posted about news, issues or politics using social media (Facebook, Twitter, etc.)					

B. How much do you agree or disagree with the following statements?

EC2 Sociopolitical control	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I enjoy participation because I want to have as much say as possible in my community.					
2. My friends and I can really understand what's going on with my community.					
3. I have a pretty good understanding of the important issues that affect my community.					
4. My friends and I have the ability to participate effectively in community activities and decision making.					
5. There are many ways for my friends and me to have a say in what our community does.					
6. Most community leaders would pay attention to me if I gave them my opinion.					
7. Many local activities are important to participate in.					

C. Please answer the following questions.

EC3 Integration, sense of community	Not at all	A little bit	Moderately	A lot	Completely
1. How much do you feel that you are part of your community?					
2. How much do you want to be more involved in volunteer activities?					
3. How well do you know your own community?					

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Engaged in Community Before and Now

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 15 questions.

A. Please indicate how often in the past year you have done the following things:

EC1 Civic participation		Never	Once or twice	A few times	Often	Alot
1. Participated in a group based on your culture or identity	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Participated in a discussion about a social or political issue	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attended an event to gather information about an issue	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Participated in a peaceful protest	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Posted about news, issues or politics using social media (Facebook, Twitter, etc.)	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How much do you agree or disagree with the following statements?

EC2 Sociopolitical control		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I enjoy participation because I want to have as much say as possible in my community.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My friends and I can really understand what's going on with my community.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a pretty good understanding of the important issues that affect my community.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My friends and I have the ability to participate effectively in community activities and decision making.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There are many ways for my friends and me to have a say in what our community does.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Most community leaders would pay attention to me if I gave them my opinion.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Many local activities are important to participate in.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

C. Please answer the following questions.

EC3 Integration, sense of community		Not at all	A little bit	Moderately	A lot	Completely
1. How much do you feel that you are part of your community?	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much do you want to be more involved in volunteer activities?	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well do you know your own community?	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Sharing the Stories

ID:



The Students Commission
Centre of Excellence for Youth Engagement

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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Families and Caregivers

This module will take you about 5 minutes to fill out. It has 10 questions.

A. When you answer the following questions, think about the people you live with most of the time.

FC1 Family Cohesion	Not true	Sometimes true	True a lot of the time	Always true
1. My family members feel very close to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My family members like to spend free time with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I listen to what other family members have to say, even when I disagree.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. When you answer the following questions, think about the adults you live with most of the time.

FC2 Parental Monitoring	Never	Rarely	Sometimes	A lot of the Time	Always
1. My parents/guardians know the parents of my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My parents/guardians know who my friends are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Please answer the following questions.

FC3 Social Support, connection	Not at all	A little bit	Moderately	A lot	Completely
1. Do you have help or support from family members/caregivers when you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well do you feel connected to your parents or guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. How much do you agree or disagree with the following statements?

FC4 Mutual Respect	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Adults respect youth/young adults in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel included and like I belong in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel like what I have to say matters and is taken seriously in my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Access to Safe Spaces

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Consent:

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This module will take you about 5 minutes to fill out. It has 9 questions.

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

SS1 Safe environment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This program makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in this program treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel that my work is appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Please answer the following questions.

SS2 Supportive climate and temperament	Not at all	A little bit	Moderately	A lot	Completely
1. Do other people support your involvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are there opportunities in your school and community to get involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is your neighbourhood safe enough to get involved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How open are you to trying new things and meeting new people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Feeling Safe

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15 minutes to fill out. It has 24 questions.

A. Here are some questions about your home. Use the scale to show how much you agree or disagree.

FS1 Safe Environment - Home	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My home makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my home treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Here are some questions about your school. Use the scale to show how much you agree or disagree.

FS2 Safe Environment - School	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my school treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Here are some questions about your online community. Use the scale to show how much you agree or disagree.

FS3 Safe Environment - Online	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My online community makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my online community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people online treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Here are some questions about your community. Use the scale to show how much you agree or disagree.

FS4 Safe Environment - Community	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My community makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in my community treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

E. These questions ask about the community where you live. Use the scale to show how true the statements are for you.

FS5 Community Qualities	Not at all true	Slightly true	Fairly true	Very true	Completely true
1. In this community, there are enough opportunities to meet other youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. In this community, young people can find many opportunities to entertain themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In this community, there are many events and activities, which are able to involve young people like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People in my community support each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People in my community are willing to help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People in my community collaborate together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I think my community is a good place to live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel like I belong to my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Healthy Choices

This module will take you about 15-20 minutes to fill out. It has 29 questions.

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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How much do you agree or disagree with the following statements?

HC1 Self-efficacy	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I generally accomplish what I set out to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a positive attitude about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I make plans, I am almost certain to make them work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am usually confident about the decisions I make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am often able to overcome challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following best describes your experience?

HC2 Risk behaviours	A few times a year	About once or twice a month	About 1-2 days a week	About 3-5 days a week	About 6-7 days a week	I have never done this	I do not do this anymore
1. I smoke/chew tobacco...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I use e-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I drink alcohol...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I use marijuana...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale of 1 – 10 (with 1 being Very little knowledge and 10 being Highly Knowledgeable) rate your knowledge about...

HC3 Health Knowledge	1	2	3	4	5	6	7	8	9	10
1. Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Healthy eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

How much do you think people risk harming themselves when they do each of the following activities?

HC4 Risk Knowledge	No risk	Slight risk	Moderate risk	Great risk	Don't know	No opinion
1. Smoke cigarettes once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Smoke cigarettes on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use e-cigarettes (vaping) once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use e-cigarettes (vaping) on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Smoke marijuana once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1. Smoke marijuana on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drink alcohol once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Drink alcohol on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have unprotected sex once in a while	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have unprotected sex on a regular basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, how often did you do the following?

HC5 Risk/Health Behaviours	Does not apply to me	Never	Sometimes	Most of the time	Always
1. Wore a helmet when you rode a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Used birth control or protection during sex (e.g., condoms, birth control pills, other methods of protection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Wore a seat belt when riding in a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ate breakfast on school days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

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Organization:

Program:

Activity:

Healthy Close Relationships

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15 minutes to fill out. It has 21 questions.

A. Please answer the following questions.

HCR1 Relationship Connectedness and skills	Not at all	A little bit	Moderately	A lot	Completely
1. How well do you get along with other people and make friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you have help or support from people when you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How aware are you of prejudices being expressed around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How comfortable are you interacting with people who have different values and ideas than yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you get along with people your own age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How well do you feel connected to your friends and peers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How much do you agree or disagree with the following statements?

HCR2 Program Connectedness	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel close to people in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be at this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The adults in this program treat youth fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. How much do you agree or disagree with the following statements?

HCR3 School Connectedness	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel close to people at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The teachers in this program treat students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. How much do you agree or disagree with the following statements?

HCR4 Community Connectedness	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel close to people in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people in my community treat me fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Healthy Close Relationships Before and Now

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15 minutes to fill out. It has 21 questions.

A. Please answer the following questions.

HCR1 Relationship connectedness and skills		Not at all	A little bit	Moderately	A lot	Completely
1. How well do you get along with other people and make friends?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you have help or support from people when you need it?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How aware are you of prejudices being expressed around you?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How comfortable are you interacting with people who have different values and ideas than yourself?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you get along with people your own age?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How well do you feel connected to your friends and peers?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How much do you agree or disagree with the following statements?

HCR2 Program connectedness		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I feel close to people in this program.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of this program.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be at this program.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The adults in this program treat youth fairly.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in this program.	START of program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

C. How much do you agree or disagree with the following statements?

HCR3 School connectedness		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I feel close to people at my school.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my school.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be at my school.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The teachers in this program treat students fairly.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in my school.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. How much do you agree or disagree with the following statements?

HCR4 Community connectedness		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I feel close to people in my community.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my community.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be in my community.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The people in my community treat me fairly.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in my community.	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Organizational Outcomes

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 5 minutes to fill out. It has 6 questions.

In general, how much has youth engagement in your organization had a positive impact on your agency and the community?

OO1 Organizational Outcomes of Youth Engagement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Please indicate the degree to which you agree with the following statements.					
1. The organization makes better decisions because of the participation of youth in decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The organization is better at reaching its goals because of the participation of youth in decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The youth in the organization have done work that has made a significant contribution to the larger community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The organization has a good reputation among the youth in the community as a place where youth can make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The organization has a good reputation among other organizations in the community as a place where youth can make a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When youth or adults leave this organization, we can always find good replacements to fill their roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:



Organizational Readiness

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5 minutes to fill out. It has 3 questions.

OR1 Readiness for power sharing

Please select the one that best describes your organization/program:

1. Adult Readiness For Youth Engagement

- Adults are ready to share some of the adult power with youth
- Adults are ready to let youth join in decision-making
- Adults are ready to take youth views into account
- Adults are ready to support youth in expressing their views
- Adults are ready to listen to youth
- Adults do not listen to youth

2. Organizational Opportunities for Youth Engagement

- There are opportunities or procedures that enable youth and adults to share power and responsibility for decisions
- There are opportunities to enable youth to join in decision-making processes
- The decision-making process enables adults to take youth views into account
- Adults have a range of ideas and activities to help youth express their views
- Adults work in a way that enables them to listen to youth
- Adults work in a way that does not include listening to youth

3. Organizational Policy on Youth Engagement

- There is a policy requirement that enables youth and adults to share power and responsibility for decision-making
- There is a policy requirement that youth must be involved in decision-making
- There is a policy requirement that youth's views be given due weight in decision-making
- There is a policy requirement that youth must be supported in expressing their views
- There is a policy requirement that youth must be listened to
- There is no policy in place that youth must be consulted in decisions affecting them

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Conference Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 30 minutes to fill out. It has 53 questions.

CS1 Positive features of development settings	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. I felt included and like I belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learned new skills or concepts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There was the right amount of structure and guidance at the _____ (conference, workshop, event, activity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The environment was caring and supportive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My involvement here is connected to my family, school and/or community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The _____ (conference, workshop, event, activity, etc.) contributes to making other people and society better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS2 Qualities of youth engagement	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. The _____ (conference, workshop, event, activity, etc.) was meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I had fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt challenged in a good way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt challenged in a bad way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS3 Decision-making	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. I played a role in decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS4 Diversity	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. I met people with very different backgrounds, experiences and opinions than mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

CS5 Voice and contribution	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. I was encouraged to express my views.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I felt like what I had to say mattered and was taken seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I felt like I had a lot to offer to the work we did at the _____ (conference, workshop, event, activity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt accepted for who I am and for my opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS6 Youth involvement	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. It seemed like the youth got a lot out of the _____ (conference, workshop, event, activity, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having youth involved seemed like a priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Youth were involved in how the _____ (conference, workshop, event, activity, etc.) was run.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The roles and opportunities for youth to participate in the _____ (conference, workshop, event, activity, etc.) were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS7 Adult involvement	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. It seemed like the adults got a lot out of the _____ (conference, workshop, event, activity, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having adults involved seemed like a priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The roles and opportunities for adults to participate in the _____ (conference, workshop, event, activity, etc.) were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS8 Youth-adult interaction	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...					
How much do you agree or disagree with each of the following statements:					
1. Youth's opinions/ideas were taken just as seriously as the opinions/ideas of adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Youth and adults working together made the _____ (conference, workshop, event, activity, etc.) better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The adults respected the youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The youth respected the adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The adults listened to the things youth had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The youth listened to the things adults had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The adults did not judge the youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The youth did not judge the adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

CS9 Individual outcomes	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
Coming to this _____ (conference, workshop, event, activity, etc.) has made me:					
1. Feel better about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feel more confident in my skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feel like I can have an impact on the activities I participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feel like I can have an impact on my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Feel like I have just as much to contribute to the activities I participate in as adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. More committed to becoming a leader in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Want to become more involved in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Want to improve myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Make better decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CS10 Youth Adult Influence

Please rate how much say youth and adults had at the _____ (conference, workshop, event, activity, etc.):

1. Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almost no say	A little say	An equal amount of say	Majority of the say	Almost all of the say
2. Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almost no say	A little say	An equal amount of say	Majority of the say	Almost all of the say

CS11 1. Overall satisfaction

How satisfied were you with what you got out of the _____ (conference, workshop, event, activity, etc.)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very unsatisfied	Unsatisfied	Neither Satisfied or Unsatisfied	Satisfied	Very Satisfied

CS11 2. Have you been to youth _____ (conference, workshop, event, activity, etc.) in the past? Yes No No Answer

CS11 3. If yes, how many?

CS11 4. If yes, how does this _____ (conference, workshop, event, activity, etc.) compare to the youth _____ (conference, workshop, event, activity, etc.) you've been to in the past?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Much worse	Worse	Neither better nor worse	Better	Much better

CS12 1. Recommendations

What would you recommend for future _____ (conference, workshop, event, activity, etc.)?

CS12 2. What was the highlight of the _____ (conference, workshop, event, activity, etc.) for you?

CS12 3. What was the low point of the _____ (conference, workshop, event, activity, etc.) for you?

Continued on next page.

CS13 Characteristics

strongly
disagree

disagree

neither
agree nor
disagree

agree

strongly
agree

Thinking about your experience during the _____ (conference, workshop, event, activity, etc.)...

How much do you agree or disagree with each of the following statements:

1. I felt that the facilitators were open to new ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The purpose of the conference was clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. We had enough time to study, discuss, make decisions and/or action plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Mental Wellness

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15-20 minutes to fill out. It has 37 questions.

How much do you agree or disagree with the following statements?

MW1 Youth generativity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have knowledge and skills that I will pass on to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think about ways to help others become leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel it is important to help people younger than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

MW2 Optimism	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I am positive about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Most problems can be solved by taking action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People are limited only by what they think possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can pretty much determine what will happen in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next question, imagine that '10' is the best possible life for you and '0' is the worst possible life for you.

MW3 Life satisfaction	0	1	2	3	4	5	6	7	8	9	10
1. Where do you feel you stand at the moment? Mark the circle next to the number that best describes where you stand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, please answer using the 10-point scale provided – 1 is very little (the least) and 10 is a lot (the most).

MW4 Mental health knowledge	1	2	3	4	5	6	7	8	9	10
How would you rate your...										
1. General knowledge about mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.. Knowledge of strategies to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of resources/services to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ability to know if you need help related to a mental health issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of how to address stigma surrounding youth mental health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page

In the past 6 months, how often have you had the following? (Please mark one circle for each line)

MW5 Psychosomatic symptoms	About every day	More than once a week	About every week	About every month	Rarely or never
1. Headache	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Stomach ache	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Backache	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling low (depressed)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Irritability or bad temper	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling nervous	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Difficulties in getting to sleep	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feeling dizzy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the last week...

MW6 Emotional concerns	Never	Seldom	Quite often	Very often	Always
1. Have you felt full of energy?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you felt sad?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Have you felt lonely?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you had enough time for yourself?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have you been able to do the things that you want to do in your free time?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have your parent(s) treated you fairly?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have you had fun with your friends?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have you been able to pay attention?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you had trouble making decisions?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you often wished you were someone else?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Have you often felt helpless?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Have you often felt left out of things?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Have you felt fit and well?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Have you had a happy home life?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Have you felt confident in yourself?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Have you got on well at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Mental Wellness Icons

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-20 minutes to fill out. It has 34 questions.

How much do you agree or disagree with the following statements?

MW1 Youth generativity	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I have knowledge and skills that I will pass on to others.					
2. I think about ways to help others become leaders.					
3. I feel it is important to help people younger than myself.					

How much do you agree or disagree with the following statements?

MW2 Optimism	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. I am positive about my future.					
2. Most problems can be solved by taking action.					
3. People are limited only by what they think possible.					
4. I can pretty much determine what will happen in my life.					

For the next question, imagine that '10' is the best possible life for you and '0' is the worst possible life for you.

MW3 Life satisfaction	0	1	2	3	4	5	6	7	8	9	10
1. Where do you feel you stand at the moment? Mark the circle next to the number that best describes where you stand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, please answer using the 10-point scale provided – 1 is very little (the least) and 10 is a lot (the most).

MW4 Mental health knowledge	1	2	3	4	5	6	7	8	9	10
How would you rate your...										
1. General knowledge about mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of strategies to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of resources/services to address mental health and wellness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ability to know if you need help related to a mental health issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of how to address stigma surrounding youth mental health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page

In the last 6 months, how often have you had the following? (Please mark one circle for each line)

MW5 Psychosomatic symptoms	About every day	More than once a week	About every week	About every month	Rarely or never
1. Headache					
2. Stomachache					
3. Backache					
4. Feeling low (depressed)					
5. Irritability or bad temper					
6. Feeling nervous					
7. Difficulties in getting to sleep					
8. Feeling dizzy					

Thinking about the last week...

MW6 Emotional concerns	Never	Seldom	Quite often	Very often	Always
1. Have you felt full of energy?					
2. Have you felt sad?					
3. Have you felt lonely?					
4. Have you had enough time for yourself?					
5. Have you been able to do the things that you want to do in your free time?					
6. Have your parent(s) treated you fairly?					
7. Have you had fun with your friends?					
8. Have you been able to pay attention?					
9. Have you had trouble making decisions?					
10. Have you often wished you were someone else?					
11. Have you often felt helpless?					
12. Have you often felt left out of things?					
13. Have you felt fit and well?					
14. Have you had a happy home life?					
15. Have you felt confident in yourself?					
16. Have you got on well at school?					

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Physical Health

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 10 minutes to fill out. It has 14 questions.

PH1 Physical activity	Every day	4 to 6 times a week	2 to 3 times a week	Once a week	Once a month	Less than once a month	Never
1. OUTSIDE SCHOOL HOURS: How often do you usually exercise in your free time so much that you get out of breath or sweat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH1 Physical activity	None	About half an hour	About 1 hour	About 2 to 3 hours	About 4 to 6 hours	About 7 hours or more
2. OUTSIDE SCHOOL HOURS: How many hours a week do you usually exercise in your free time so much that you get out of breath or sweat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, inline skating, biking, dancing, skateboarding, swimming, soccer, basketball, and football.

For these next two questions, please add up all the time you spend in physical activity each day.

PH1 Physical activity	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
3. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH2 Eating behaviour	0 times a day	1 time a day	2 times a day	3 times a day	4 times a day	5 times a day	6 or more times a day
1. On an average day, how many times do you eat fruits and vegetables? (Do not include juices.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH2 Eating behaviour	Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
2. How many times a week do you usually drink cola or other soft drinks that contain sugar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times a week do you usually drink energy drinks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH3 Medical treatment	Never	Once	Twice	3-4 times	More than 4 times
1. How often have you visited a doctor or other health care provider in the past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page

PH4 Physical disability and chronic conditions	Yes	No
1. Do you have a long-term illness, disability, or medical condition (like diabetes arthritis, allergy, or cerebral palsy) that has been diagnosed by a doctor?	<input type="radio"/>	<input type="radio"/>
2. Do you take medicine for your long-term illness, disability, or medical condition?	<input type="radio"/>	<input type="radio"/>
3. Does your long-term illness, disability, or medical condition affect your attendance and participation at school?	<input type="radio"/>	<input type="radio"/>

PH5 Self-reported health and body image	Excellent	Good	Fair	Poor
1. Would you say your health is...?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH5 Self-reported health and body image	Much too thin	A bit too thin	About the right size	A bit too fat	Much too fat
2. Do you think your body is...?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Which of the following, if any, prevents you from getting more physical exercise than you actually do?

PH6 Barriers to physical activity	Check all that apply
I am not physically able to do any exercise.	<input type="checkbox"/>
I have physical limitations that restrict the amount of exercise I get.	<input type="checkbox"/>
I don't enjoy exercising.	<input type="checkbox"/>
I don't have a convenient place to exercise.	<input type="checkbox"/>
Bad weather keeps me from exercising.	<input type="checkbox"/>
I am not motivated to exercise.	<input type="checkbox"/>
I don't have the time to exercise.	<input type="checkbox"/>
I have no one to exercise with.	<input type="checkbox"/>
I am too tired to exercise.	<input type="checkbox"/>
It costs too much to exercise.	<input type="checkbox"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Physical Health Before and Now

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 14 questions.

PH1 Physical activity		Every day	4 to 6 times a week	2 to 3 times a week	Once a week	Once a month	Less than once a month	Never
1. OUTSIDE SCHOOL HOURS: How often do you usually exercise in your free time so much that you get out of breath or sweat?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH1 Physical activity		None	About half an hour	About 1 hour	About 2 to 3 hours	About 4 to 6 hours	About 7 hours or more
2. OUTSIDE SCHOOL HOURS: How many hours a week do you usually exercise in your free time so much that you get out of breath or sweat?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, inline skating, biking, dancing, skateboarding, swimming, soccer, basketball, and football.

For these next two questions, please add up all the time you spend in physical activity each day.

PH1 Physical activity		0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
3. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH2 Eating behaviour		0 times a day	1 time a day	2 times a day	3 times a day	4 times a day	5 times a day	6 or more times a day
1. On an average day, how many times do you eat fruits and vegetables? (Do not include juices.)	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

PH2 Eating behaviour		Never	Less than once a week	Once a week	2-4 days a week	5-6 days a week	Once a day, every day	Every day, more than once
2. How many times a week do you usually drink cola or other soft drinks that contain sugar?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times a week do you usually drink energy drinks?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH3 Medical treatment		Never	Once	Twice	3-4 times	More than 4 times
1. How often have you visited a doctor or other health care provider in the past 12 months?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH4 Physical disability and chronic conditions		Yes	No
1. Do you have a long-term illness, disability, or medical condition (like diabetes arthritis, allergy, or cerebral palsy) that has been diagnosed by a doctor?		<input type="radio"/>	<input type="radio"/>
2. Do you take medicine for your long-term illness, disability, or medical condition?		<input type="radio"/>	<input type="radio"/>
3. Does your long-term illness, disability, or medical condition affect your attendance and participation at school?		<input type="radio"/>	<input type="radio"/>

PH5 Self-reported health and body image		Excellent	Good	Fair	Poor
1. Would you say your health is...?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PH5 Self-reported health and body image		Much too thin	A bit too thin	About the right size	A bit too fat	Much too fat
2. Do you think your body is...?	BEFORE the program:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NOW:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following, if any, prevents you from getting more physical exercise than you actually do?

PH6 Barriers to physical activity	Check all that apply
I am not physically able to do any exercise.	<input type="checkbox"/>
I have physical limitations that restrict the amount of exercise I get.	<input type="checkbox"/>
I don't enjoy exercising.	<input type="checkbox"/>
I don't have a convenient place to exercise.	<input type="checkbox"/>
Bad weather keeps me from exercising.	<input type="checkbox"/>
I am not motivated to exercise.	<input type="checkbox"/>
I don't have the time to exercise.	<input type="checkbox"/>
I have no one to exercise with.	<input type="checkbox"/>
I am too tired to exercise.	<input type="checkbox"/>
It costs too much to exercise.	<input type="checkbox"/>

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Leadership Qualities

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 10 minutes to fill out. It has 15 questions.

These questions are for Young Adult Leaders and Adult Allies. They help us to learn about the way you work with young people in your event/activity/program.

Please rate each of these statements.

LQ1 - Group facilitation skills When working with young people...	Not at all	A little bit	Moderately	A lot	Completely
1. I ask the youth what activities they would like to do before I plan them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I find myself making negative assumptions about youth, I ask myself why I am thinking this way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am careful to talk in ways that youth can understand and are comfortable with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I encourage group members to discuss things and ask questions of each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I encourage and support the youth in my group to solve problems in new ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel like I am teaching the youth new skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel like I am learning from the youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Decisions about the activities of the group are made with the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The group participates in setting its own rules and guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If the group wants to do an activity that for some reason isn't appropriate (e.g., too expensive, ruled out by the organization), I tell them right away and explain the reasons why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I create opportunities for youth to learn on their own (e.g., when I see the potential for a mistake I try to start a discussion about the issue, rather than telling them what to do).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I make sure that everyone knows that all group members have a say in laying out our purpose, expectations, motivations and roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am not afraid of discussing issues of respect, conflict, or discipline with the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I actively seek opportunities to support youth without being condescending or assuming that they need or want my help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Is there anything else you want us to know about how you work with young people? If so, please let us know in this space.

Your Feedback

Organization:

Program:

Activity:

Preparing to Lead

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15 minutes to fill out. It has 25 questions.

A. Please rate each of these statements.

PL1 Engagement	Not at all	A little bit	Moderately	A lot	Completely
1. I am asked for input about what activities I would like to do before activities are planned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Adults do not make negative assumptions about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Adults talk to me in ways that I can understand and am comfortable with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am encouraged to discuss things and ask questions of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am encouraged and supported to solve problems in new ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am learning new skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel like adults and peers are learning from me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I participate in the decisions about group activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I participate in setting group rules and guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If youth want to do an activity that for some reason isn't appropriate, we are told right away and given an explanation of the reasons why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have opportunities to learn on my own (e.g. adults start a discussion with me about issues so that I can figure it out on my own rather than telling me what to do).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I make sure that all group members have a say in laying out our purposes, expectations, motivations and roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am involved in discussing issues of respect, conflict, or discipline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Adults support me without being condescending or assuming that I need or want their help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How much do you agree or disagree with the following statements?

PL2 Lifelong learning	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I expect to go on learning for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I like to be able to improve the way I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I'm continually improving as a learner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I don't like to accept an answer until I have worked it out for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I like to question the things I am learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I like to learn about things that really matter to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I like it when I can make connections between new things I am learning and things I already know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I like learning new things when I can see how they make sense for my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

C. How much do you agree or disagree with the following statements?

PL3 Youth generativity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have knowledge and skills that I will pass on to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think about ways to help others become leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel it is important to help people younger than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Resources in the Community

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5 minutes to fill out. It has 11 questions.

Please answer the following questions.

RC1 Community involvement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree
Please indicate the degree to which you agree with the following statements.				
1. You know where to volunteer in your community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You are a person who tells others about your community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RC2 Community knowledge	Not at all	A little bit	Moderately	A lot	Completely
1. I know where to get information about programs in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There are organizations in my community that I can go to for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I often give others advice about where and how to connect with organizations in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I know someone who would help me find and access resources and opportunities in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RC3 Skills for accessing resources	Not at all	A little bit	Moderately	A lot	Completely
1. I feel comfortable communicating with other individuals in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel comfortable communicating with other organizations in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can easily find and access the community support or service I need (such as education, health services, housing support, counseling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can easily find opportunities that interest me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If I'm interested in joining a community program (e.g. volunteer, activity, sports, religious, etc.), I know how to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth Engagement Qualities

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 30 minutes to fill out. It has 44 questions.

YEQ1 Activity self-description

Please tell us a little about what YOU do in this event/activity/program:

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ2 Safe environment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This program makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in this program treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ3 Youth voice in decision making	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, I get to make decisions about the things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a say in planning this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In this program, I am encouraged to express my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am expected to voice my concerns when I have them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The program staff take my ideas seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ4 Youth staff partnership	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, it is clear that youth and staff respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learn a lot from staff in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff learn a lot from youth in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is a good balance of power between youth and staff in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Youth and staff trust each other in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Youth and staff learn a lot from working together in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YEQ5 Frequency

How often do you do this activity?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done it just once	Few times a year	Every month	Few times a month	Once a week	Several days a week

Continued on next page.

YEQ6 Duration

How long have you been doing it?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just started doing it	1 to 5 months	6 months to 1 year	between 1 and 2 years	2 to 3 years	between 3 and 4 years	4 to 5 years	More than 5 years

Now we would like to learn about the HEAD, HEART, and SPIRIT parts of your engagement. Please choose ONE answer that best matches your opinion for each statement below.

YEQ7 Psychological engagement	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I really focus on this activity when I'm doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learn new things when I am doing this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I lose track of time when I'm doing this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I enjoy doing this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This activity is an important part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It would be very hard for me to give up this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. This activity helps give my life meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. This activity connects me to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. This activity helps me connect to something greater than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I help other people when I do this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ8 Diversity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I met people with very different backgrounds, experiences and opinions than mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ9 Diverse peer relationships	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I made friends with someone of a different gender than my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I noticed I had a lot in common with people different from me (e.g., different backgrounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got to know someone from a different ethnic group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I made friends with someone from a different social class (someone richer or poorer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ10 identity exploration	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I tried doing new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried a new way of acting around people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do things here I don't get to do anywhere else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

B. These questions help us to learn about the setting or environment of your program.

YEQ11 Feature of positive developmental settings	Not at all	A little bit	Moderately	A lot	Completely
1. Is your involvement connected to your family, school, or other work you do in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How supportive and caring do you think the people there are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you feel that you can get things done in this organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you feel like you can make positive things happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you think that there is the right amount of structure and guidance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you think the people in the group show positive values?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you think there are opportunities to learn new things and develop new skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are there opportunities to learn new things and develop new skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you feel included by other people in this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:



Youth Engagement Qualities Icons

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 30 minutes to fill out. It has 44 questions.

Please tell us a little about what YOU do in this event/activity/program: [YEQ1 Activity self-description](#)

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ2 Safe environment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in this program.					
2. This program makes me feel welcome.					
3. Bullying and aggression are not tolerated here.					
4. All the people in this program treat me with respect.					

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ3 Youth voice in decision making	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, I get to make decisions about the things I want to do.					
2. I have a say in planning this program.					
3. In this program, I am encouraged to express my ideas and opinions.					
4. I am expected to voice my concerns when I have them.					
5. The program staff take my ideas seriously.					

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ4 Youth staff partnership	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, it is clear that youth and staff respect each other.					
2. I learn a lot from staff in this program.					
3. Staff learn a lot from youth in this program.					
4. There is a good balance of power between youth and staff in this program.					
5. Youth and staff trust each other in this program.					
6. Youth and staff learn a lot from working together in this program.					

Continued on next page.

How often do you do this activity? **YEQ5 Frequency**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done it just once	Few times a year	Every month	Few times a month	Once a week	Several days a week

How long have you been doing it? **YEQ6 Duration**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just started doing it	1 to 5 months	6 months to 1 year	between 1 and 2 years	2 to 3 years	between 3 and 4 years	4 to 5 years	More than 5 years

Now we would like to learn about the **HEAD, HEART, and SPIRIT** parts of your engagement. Please choose **ONE** answer that best matches your opinion for each statement below.

YEQ7 Psychological engagement	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I really focus on this activity when I'm doing it.					
2. I learn new things when I am doing this activity.					
3. I lose track of time when I'm doing this activity.					
4. I enjoy doing this activity.					
5. This activity is an important part of who I am.					
6. It would be very hard for me to give up this activity.					
7. This activity helps give my life meaning.					
8. This activity connects me to other people.					
9. This activity helps me connect to something greater than myself.					
10. I help other people when I do this activity.					

A. Here are some statements about the program you attend. Use the scale to show how much you agree or disagree.

YEQ8 Diversity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I met people with very different backgrounds, experiences and opinions than mine.					

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.














































YEQ9 Diverse peer relationships	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I made friends with someone of a different gender than my own.					
2. I noticed I had a lot in common with people different from me (e.g., different backgrounds)					
3. I got to know someone from a different ethnic group					
4. I made friends with someone from a different social class (someone richer or poorer)					

Continued on next page.

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

YEQ10 identity exploration	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I tried doing new things					
2. I tried a new way of acting around people					
I do things here I don't get to do anywhere else					

B. These questions help us to learn about the setting or environment of your program.

YEQ11 Feature of positive developmental settings	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Is your involvement connected to your family, school, or other work you do in your community?					
2. How supportive and caring do you think the people there are?					
3. Do you feel that you can get things done in this organization?					
4. Do you feel like you can make positive things happen?					
5. Do you think that there is the right amount of structure and guidance?					
6. Do you think the people in the group show positive values?					
7. Do you think there are opportunities to learn new things and develop new skills?					
8. Are there opportunities to learn new things and develop new skills?					
9. Do you feel included by other people in this activity?					

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Career Interest

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 10 minutes to fill out. It has 13 questions.

This survey contains 3 brief parts. Read each statement and then mark the box that best shows how you feel. Select one level of agreement for each statement to indicate how you feel: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree.

Part 1

C11 Supportive environment	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I would like to have a career in _____ (can be filled in based on program, e.g. STEM, Police Work, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. People who are close to me are interested in the _____ courses I take.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would enjoy a career in _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People who are close to me have encouraged me to study _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 2

C12 Interest in _____ educational opportunities	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I will make it into a good college and major in an area needed for a career in _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I will graduate with a college degree in a major area needed for a career in _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I will have a successful professional career and make substantial _____ contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I will get a job in a _____-related area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Some day when I tell others about my career, they will respect me for doing _____ work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 3

C13 Perceived importance of a career in _____	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. A career in _____ would enable me to work with others in meaningful ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____ make a meaningful difference in the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Having a career in _____ would be challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would like to work with people who make discoveries in _____.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thanks! CIQ Ver. 2.0 8/2013 by G. Knezek & R. Christensen. Adapted from Bowdich (2009) and Fraser (1982).

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Workforce Preparation, Middle School (Grades 7-8)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 8 minutes to fill out. It has 9 questions.

Directions: Read each statement and decide whether you completely agree, mostly agree, neither agree nor disagree, mostly disagree, or completely disagree with the statement. Once you have made your decision, select the appropriate response.

WP1 Workforce readiness 7-8	Completely agree	Mostly agree	Mostly disagree	Completely disagree
1. I get in touch with experts and get as much information as I can before making decisions about my education.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is no one for me to watch directly to find out about the kind of work I might like to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When solving a problem, I am able to think everything through in my own head.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When it is time to make an important job or education decision, I am able to make an appropriate plan.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5. When it comes to solving a problem, I think all of the things that are part of the problem before deciding what to do.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6. I do not know which talents to work on that will help me in the future.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7. I can tell the differences between talk that is backed up by facts and talk that is not backed up by anything.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8. I use information I get to help me think about several different ways to solve a problem.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9. I can solve problems through the use of logic.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Adapts the Problem Solving/Decision Making scale from the Life Skills Development Scale for Adolescents (Darden et al., 1996).

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Workforce Preparation, High School (Grades 9-12)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 12 minutes to fill out. It has 15 questions.

Directions: Read each statement and decide whether you completely agree, mostly agree, neither agree nor disagree, mostly disagree, or completely disagree with the statement. Once you have made your decision, select the appropriate response.

WP2 Workforce readiness 9-12	Completely agree	Mostly agree	Mostly disagree	Completely disagree
1. I contact experts and gather as much information as possible before making decisions about my education.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is no one for me to observe directly in order to find out about the kind of work I might like to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When solving a problem, I am able to think everything through in my own head.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Once I have decided what kind of work I want to do, I know how to go about getting it.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can compare and look carefully at the various ideas I develop.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I like to make plans and take action steps before making a final decision about a job.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When it is time to make an important educational or occupational decision, I am able to develop an appropriate plan of action.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When it comes to solving a problem, I consider all of the things that are part of the problem before deciding what to do.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I do not know which talents to work on that will help me in the future.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can tell the differences between talk that is backed up by facts and talk that is not backed up by anything.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I use information I gather to help me develop several different ways to solve a problem.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I know where to go to find dependable information about jobs.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am able to solve problems through the use of logic.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I know how my actions and decisions will affect my occupational choice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. In exploring the kind of work I might want to do, I get information about it, talk to people who work at it, and get a part-time job that is like the work I am considering.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Replicates the Problem Solving/Decision Making scale from the Life Skills Development Scale for Adolescents (Darden et al., 1996).

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

YES Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 40-50 minutes to fill out. It has 77 questions.

Instructions: Based on your current or recent involvement please indicate how much you did the following behaviours in your activity/event/program.

YES1 Identity experiences In this activity...	Yes, definitely	Quite a bit	A little	Not at all	No answer
1. I tried doing new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I tried a new way of acting around people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I did things here I didn't get to do anywhere else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I thought more about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I started thinking about who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. This activity has been a positive turning point in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I thought about the direction of my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YES2 Initiative experiences In this activity...	Yes, definitely	Quite a bit	A little	Not at all	No answer
1. I set goals for myself in this activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I found ways to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I considered possible obstacles when making plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I put all my energy into this activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I pushed myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I focused my attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I observed how others solved problems and learned from them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I developed plans for solving a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I used my imagination to solve a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I organized my time to get things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I did not put things off until later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I set priorities for how to use my time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I stuck to my schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I used my time wisely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue on next page.

YES3 Basic skill		Yes, definitely	Quite a bit	A little	Not at all	No answer
	In this activity...					
1. I controlled my temper		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I dealt with fear and anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I handled stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I learned that my emotions affect how I perform		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Academic skills (reading, writing, math, etc.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Skills for finding information		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Computer/internet skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Artistic/creative skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Communication skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Athletic or physical skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YES4 Interpersonal relationships		Yes, definitely	Quite a bit	A little	Not at all	No answer
	In this activity...					
1. I made friends with someone of the opposite gender (boy/girl)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I noticed I had a lot in common with people different from me (people from different backgrounds)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I got to know someone from a different racial group (Black, White, Hispanic, other)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I made friends with someone from a different social class (someone richer or poorer)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I helped others		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I changed my school or community for the better		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I stood up for something I believed was right		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I talked about morals and values (like honesty or respect)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YES5 Team work and social skills		Yes, definitely	Quite a bit	A little	Not at all	No answer
	In this activity...					
1. I worked together with others		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I compromised in order to get things done		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I shared responsibility for getting things done		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was patient with other group members		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I didn't let my emotions affect others		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I didn't let my attitude affect others		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I worked with people who I didn't always like		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I gave feedback to others to help them get better		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I got feedback from others (not adults) to help me get better		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I got feedback about my performance from the adult supervisor		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I got feedback about my performance from other adults (like parents)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt the pressure of being a leader		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Others in this activity counted on me		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I had the chance to be in charge of a group		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

YES6 Adult networks and social capital In this activity...	Yes, definitely	Quite a bit	A little	Not at all	No answer
1. I improved my relationship with my parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I had good conversations with my parents/guardians because of this activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I got to know people in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt that people in the community got to know me better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I got job or career opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I got prepared for college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My desire to stay in school went up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YES7 Negative experiences In this activity...	Yes, definitely	Quite a bit	A little	Not at all	No answer
1. Demands were so great that I didn't get homework done (skip this item if your activity is a class)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This activity interfered with doing things with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This activity has stressed me out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I felt pressured by peers to do something I didn't want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I did something in this activity that was morally wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was ridiculed by peers for something I did in this activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Youth in this activity got me into drinking alcohol or using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt like I didn't belong in this activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I felt left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. There were cliques in this activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I got stuck doing more than my fair share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Other youth in this activity made inappropriate sexual comments, jokes, or gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was discriminated against because of my gender, race, ethnicity, disability, or sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Adult leaders in this activity were controlling and manipulative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Adult leaders 'hit' on me (made sexual advances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Adult leaders made inappropriate sexual comments or jokes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Adult leaders encouraged me to do something I believed morally wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Hansen, D., Larson, R., & Dworkin, J. (2003). What adolescents learn in organized youth activities: A survey of self-reported developmental experiences. *Journal of Research on Adolescence, 13* (1), 25-56.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth Law and Justice System

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15 minutes to fill out. It has 14 questions.

How much do you agree or disagree with the following statements?

ASI 1 Cognitive Empowerment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Only by working together can people make changes in a community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can impact community issues only by working in an organized way with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To improve my community, it is more effective to work with a group than as an individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The only way I can act to improve the community is by connecting to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASI 2 Cognitive Empowerment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. If youth are making a change in a community, sooner or later, they will encounter conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Those with power try to silence youth who challenge them too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When teens work for change, it doesn't take long for the system to push back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Those with power undermine youth that challenge too much, and reward youth that are obedient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Authorities punish those who don't accept what those authorities want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Schools and communities ignore issues raised by youth that these groups don't want to address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Influential people work to keep youth unaware of many issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Those with power are skilled at getting most youth to believe what the powerful want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Authorities are able to get youth to interpret most things from the authority's perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. People are accepting when people work to improve schools or the community, but only when this doesn't challenge those in authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

[Custom Topic] knowledge and skills

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 5 minutes to fill out. It has 7 questions.

Meeting/Event/Activity Date:

Please rate the following statements.

GBV1 Topic knowledge core Please indicate the degree to which you agree with the following statements.	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have greater understanding and knowledge of issues related to [topic/issue] (e.g. gender-based violence, dating violence, substance use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My understanding and knowledge of how root causes (e.g. gender expectations/stereotypes of masculinity, femininity) contribute to [topic/issue]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a greater understanding of how and why [topic/issue] (e.g. gender-based violence) happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My understanding and knowledge of how other forms of systemic violence (e.g. racism, classism) contribute to [topic/issue] (e.g. gender-based violence) have increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My understanding of how to address issues related to [topic/issue] (e.g. gender-based violence) violence in my community have increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My skills for identifying forms of [topic/issue] (e.g. gender-based violence) in my community have improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My interest in working on issues related to [topic/issue] (e.g. gender-based violence) has increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth Adult Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 30 minutes to fill out. It has 39 questions.

This survey helps us go deeper in exploring youth-adult partnerships in our organizations and programs. Below are a series of contrasting statements representing how youth and adults are working together in your program and organization. Each pair of statements is presented on a 5-point scale. Please choose one of the five points that most clearly reflects your opinions. For each scale below, numbers 1 and 5 indicate opposite points of views. Numbers 2 and 4 indicate more moderate opinions. Number 3 indicates you are undecided. There are no right or wrong answers.

YA1 Youth Involvement:	1	2	3	4	5	
1. Youth take lots of initiative in working on projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth take little initiative in working on projects.
2. Youth are sitting around with nothing to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth are busy with several tasks.
3. Youth arrive to meetings/programs on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth arrive to meetings/programs late.
4. Youth are given major responsibilities for specific tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth are given few responsibilities for specific tasks.
5. Youth rely on themselves to make key decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth rely on adults to make key decisions.
6. Youth have full access to information needed to make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth have little access to information needed to make decisions.
7. Youth always have opportunities to discuss their concerns of group decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth never have opportunities to discuss their concerns of group decisions.
8. Youth frequently share ideas about things that matter to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth rarely share ideas about things that matter to them.
9. Youth have an equal vote in the decision-making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth do not have an equal vote in the decision-making process.
10. Youth help one another in developing new skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth do not help one another in developing new skills.
11. Youth are fully committed to their duties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth are not fully committed to their duties.
12. Youth are excited in their involvement with this project/program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth have little interest in their involvement with this project/program.
13. Youth are concerned with community change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth are not concerned with community change.

YA2 Adult Involvement:	1	2	3	4	5	
1. Adults display a willingness to accept and nurture youth leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults control youth leadership.
2. Adults tend to want to guide youth leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults tend to want to be followers of youth leadership.
3. Adults always listen to the suggestions of youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults never listen to the suggestions of youth.
4. Adults never totally take over when working on projects with youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults always totally take over when working on projects with youth.
5. Adults learn new skills from one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults do not learn new skills from one another.
6. Adults always take the ideas of youth seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults never take the ideas of youth seriously.
7. Adults encourage youth to come up with their own ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults do not encourage youth to come up with their own ideas.
8. Adults are excited in being involved with this project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults have little interest in being involved with this project.
9. Adults are very concerned with community change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults are not concerned with community change.

Continued on next page.

YA3 Youth-Adult Interaction:	1	2	3	4	5	
1. Youth and adults get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth and adults argue.
2. Youth appear comfortable around adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth appear uneasy around adults.
3. Adults appear comfortable around youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults appear uneasy around youth.
4. Adults actively and consistently consult with youth on project activities/programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults do not actively and consistently consult with youth on project activities/programs.
5. Adults provide direction and mentoring for youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults do not provide direction and mentoring for youth.
6. Youth always go along with the decisions of adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth never go along with the decisions of adults.
7. Youth and adults often agree on most decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth and adults rarely agree on most decisions.
8. Youth rely on adults' experiences when making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth rely on their own experiences when making decisions.
9. Youth and adults work together on project tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth and adults work separately on project tasks.
10. Youth and adults indicate mutual learning from one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth and adults learn little from one another.
11. Youth and adults frequently help one another develop new skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth and adults rarely help one another develop new skills.
12. Adults are very considerate of youth opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults are not at all considerate of youth opinions.
13. Youth are very considerate of adults' opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth are not at all considerate of adults' opinions.
14. Youth and adults always engage in respectful conversations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth and adults never engage in respectful conversations.
15. Youth trust adults to handle power responsibly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Youth do not trust adults to handle power responsibly.
16. Adults trust youth to handle power responsibly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults do not trust youth to handle power responsibly.
17. Adults rely on youth's experiences when making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adults rely on their own experiences when making decisions.

Source: Jones, K. R., & Perkins, D. F. (2005). *Determining the quality of youth-adult relationships within community-based youth programs. Journal of Extension, 43(5).*

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Informing Decisions

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
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This module will take you about 10 minutes to fill out. It has 18 questions.

A. Here are some questions about the program you attend. Use the scale to show how much you agree or disagree.

ID1 Youth voice in decision making	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, I get to make decisions about the things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a say in planning this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In this program, I am encouraged to express my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am expected to voice my concerns when I have them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID2 Youth staff partnerships	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. The program staff take my ideas seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In this program, it is clear that youth and staff respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I learn a lot from staff in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff learn a lot from youth in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. There is a good balance of power between youth and staff in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Youth and staff trust each other in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Youth and staff learn a lot from working together in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. In your lifetime, how often have you done the following:

ID3 Civic participation	Not at all	A little bit	Moderately	A lot	Completely
1. Voted in a municipal, provincial or federal election	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Volunteered with a political party of interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Contributed to decision-making in an organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Contributed to decision-making in your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Contributed as a member of an advisory committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Contributed as a member of a board of directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Attended a town hall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Career Skills

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15 minutes to fill out. It has 20 questions.

A. Please answer the following questions.

CSM1 Concern, curiosity, confidence, and consultation (career maturity)	Agree	Disagree
1. I can't understand how some people can be so certain about what they want to do.	<input type="radio"/>	<input type="radio"/>
2. I don't know what courses I should take in school.	<input type="radio"/>	<input type="radio"/>
3. I know very little about the requirements of jobs.	<input type="radio"/>	<input type="radio"/>
4. I really can't find any work that has much appeal to me.	<input type="radio"/>	<input type="radio"/>
5. I often daydream about what I want to be, but I really have not chosen an occupation yet.	<input type="radio"/>	<input type="radio"/>
6. Everyone seems to tell me something different; as a result I don't know what kind of work to choose.	<input type="radio"/>	<input type="radio"/>
7. There are so many things to consider in choosing an occupation, it is hard to make a decision.	<input type="radio"/>	<input type="radio"/>
8. I keep changing my occupational choice.	<input type="radio"/>	<input type="radio"/>
9. I don't know how to go about getting into the kind of work I want to do.	<input type="radio"/>	<input type="radio"/>
10. I am having difficulty in preparing myself for the work that I want to do.	<input type="radio"/>	<input type="radio"/>

B. Think about how you see your future. What are the chances that you will...

CSM2 Future plans	Very low	Low	About 50/50	High	Very high
1. Have a job that pays well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have a career that you like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Please answer the following questions.

CSM3 Engagement	Never	Rarely	Sometimes	Often	Very often
1. I respect and listen to new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I consider and question my own negative assumptions and stereotypes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I use professional language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I use critical thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am open to alternative forms of communication and problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I share power and decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am honest about issues or challenges that I may be facing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I work to reach consensus with regard to purpose, expectations, motivations, and roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:



Career Skills Icons

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15 minutes to fill out. It has 20 questions.

A. Please answer the following questions.

CSM1 Concern, curiosity, confidence, and consultation (career maturity)	Agree	Disagree
1. I can't understand how some people can be so certain about what they want to do.		
2. I don't know what courses I should take in school.		
3. I know very little about the requirements of jobs.		
4. I really can't find any work that has much appeal to me.		
5. I often daydream about what I want to be, but I really have not chosen an occupation yet.		
6. Everyone seems to tell me something different; as a result I don't know what kind of work to choose.		
7. There are so many things to consider in choosing an occupation, it is hard to make a decision.		
8. I keep changing my occupational choice.		
9. I don't know how to go about getting into the kind of work I want to do.		
10. I am having difficulty in preparing myself for the work that I want to do.		

B. Think about how you see your future. What are the chances that you will...

CSM2 Future plans	Very low	Low	About 50/50	High	Very high
1. Have a job that pays well					
2. Have a career that you like					

C. Please answer the following questions.

CSM3 Engagement	Never	Rarely	Sometimes	Often	Very often
1. I respect and listen to new ideas					
2. I consider and question my own negative assumptions and stereotypes					
3. I use professional language					
4. I use critical thinking					
5. I am open to alternative forms of communication and problem solving					
6. I share power and decision-making					
7. I am honest about issues or challenges that I may be facing					
8. I work to reach consensus with regard to purpose, expectations, motivations, and roles					

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

 Organization:

 Program:

 Activity:

ID:

Employment Experiences

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 10 minutes to fill out. It has 15 questions.

Please answer the following questions about your job.

EE1 Job intensity and duration	Yes	No
1. Is this job full-time?	<input type="radio"/>	<input type="radio"/>
2. Is this job part-time?	<input type="radio"/>	<input type="radio"/>

EE1 Job intensity and duration	Just started doing it	1 to 5 months	6 months to 1 year	between 1 and 2 years	2 to 3 years	between 3 and 4 years	4 to 5 years	More than 5 years
3. How long have you been doing this job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EE1 Job intensity and duration	Less than 1 more month	1 to 5 more months	6 months to 1 year	between 1 and 2 more years	2 to 3 more years	between 3 and 4 more years	4 to 5 more years	More than 5 more years
4. How much longer do you think you will stay at this job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose ONE answer that best matches your opinion for each statement below.

EE2 Job engagement	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I really focus on this job when I'm doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learn new things when I am doing this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I lose track of time when I'm doing this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I enjoy doing this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This job is an important part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It would be very hard for me to give up this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. This job helps give my life meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. This job connects me to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. This job helps me connect to something greater than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I help other people when I do this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overall, I think this job is very engaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:



Decision-Making

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5 minutes to fill out. It has 5 questions.

These questions help us to learn about how decisions are made in your event/activity/program.

DM1 Youth Influence	Not at all	A little bit	Moderately	A lot	Completely
1. Do you have influence over the activities you do with your group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In general, how much has youth involvement had a positive impact on your work, your organization, and the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The group makes better decisions because of the participation of youth in decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The group is better at reaching its goals because of the participation of youth in decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The youth in the group have done work that has made a significant contribution to the quality of the program/meeting/etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth and Community Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 80-90 minutes to fill out. It has 153 questions.

This is a survey about your life and your beliefs.

Before completing this survey, there are a few things you should know:

1. Your answers are absolutely private and will not be shared with anyone. That means that no one who knows you will see any of your individual answers.
2. Please be as honest as you can about how you feel and what you think. What you say matters.
3. You do not have to answer all the questions on this survey, but we hope you will. If you are not sure how you feel or what you think, or feel uncomfortable answering a question, please leave it blank.
4. To answer a question, check the appropriate radio button. Please click only one button per question. First impressions are usually best. Do not spend a lot of time on any one question.

Thank you for sharing your thoughts!

Here are some questions about your friends. Think about the people who are your best friends, or the friends you spend the most time with.

YC1 Peer support	Never true	Rarely true	Sometimes true	Usually true	Always true
1. I trust my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My friends care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My friends are there when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

YC2 Adult support	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. There are adults I can ask for help when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I know adults who are willing to help me find a job when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I have a personal problem there are adults I can turn to for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is at least one adult outside of school and home that I really admire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Outside of my home and school there is an adult who believes I will be a success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC3 Intrapersonal empowerment: Sociopolitical control	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I am often a leader in groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I would prefer to be a leader rather than a follower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.: I would rather have a leadership role when I'm involved in a group project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.: I can usually organize people to get things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other people usually follow my ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I find it very easy to talk in front of a group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I like to work on solving a problem myself instead of letting someone else do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

YC3 Intrapersonal empowerment: Sociopolitical control	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
8. I like trying new things that are challenging to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I enjoy participation because I want to have as much say as possible in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My friends and I can really understand what's going on with my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I have a pretty good understanding of the important issues that affect my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My friends and I have the ability to participate effectively in community activities and decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My opinion is important because it could make a difference in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. There are many ways for my friends and me to have a say in what our community does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It is important to me that I actively participate in local teen issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Most community leaders would pay attention to me if I gave them my opinion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Many local activities are important to participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC4 Youth generativity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have knowledge and skills that I will pass on to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think about ways to help others become leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel it is important to help people younger than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People are limited only by what they think possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can pretty much determine what will happen in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am positive about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Most problems can be solved by taking action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

YC5 Confidence	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I generally accomplish what I set out to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a positive attitude about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I make plans, I am almost certain to make them work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am usually confident about the decisions I make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am often able to overcome challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about how you see your future. What are the chances that you will...

YC6 Optimism	Very low	Low	About 50/50	High	Very high
1.: Graduate from high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Go to a professional school to learn a trade (i.e. hairdresser, mechanic, plumber, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.: Go to college or university	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have a job that pays well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have a career that you like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Here are some questions about your views of people in general. Use the scale to show how much you agree or disagree with each statement.

YC7 Social trust	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In general, most people can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Most people are fair in their dealings with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Most people just look out for themselves, rather than try to help others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Most people don't really care what happens to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Most people are fair and don't take advantage of you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC8 Faith in society	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Basically, people get fair treatment in Canada, no matter who they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The government really cares about people like me and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Canada is a fair society. Everyone has an equal chance to get ahead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In Canada you have an equal chance no matter where you came from or what race you are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about the community where you live. Use the scale to show how true the statements are for you.

YC9 Sense of community	Not at all true	Slightly true	Fairly true	Very true	Completely true
1. I spend a lot of time with other youth that live in this city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I like to be with other youth that live in this city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.: If I feel like talking I can generally find someone in my city to chat with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In this place, I feel I can share experiences and interests with other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This is a pretty city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I think this is a good place to live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel like I belong to this city.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. As compared to others my city has many advantages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In this city, there are enough activities for young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In this city, there are enough opportunities to meet other youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. In this city, young people can find many opportunities to entertain themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. In this city, there are many events and activities which are able to involve young people like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. People in my city support each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. People in my city are willing to help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. People in my city collaborate together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. People in my city work together to improve things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you answer the following questions, think about the people you live with most of the time.

YC10 Family cohesion	Not true	Sometimes true	True a lot of the time	Always true
1. I listen to what other family members have to say, even when I disagree.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My family can easily think of things to do together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My family members feel very close to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My family members like to spend free time with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

When you answer the following questions, think about the adults you live with most of the time.

YC11 Parental monitoring	Never	Rarely	Sometimes	A lot of the time	Always
1. My parents/ guardians know the parents of my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My parents/guardians know who my friends are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My parents/guardians know where I am after school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.: When I go out at night, my parents/guardians know where I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently in school? Yes No (If No, skip to RS01) No Answer

How much do you agree or disagree with the following statements?

YC12 School connectedness	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel close to people at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The teachers at my school treat students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask about the school you attend. Again, use the scale to show how much you agree or disagree.

YC13 School engagement	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Going to school is enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Doing well in school is important for getting a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My school work is important to my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My classes at school are interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The things I am learning in school are important for later in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check the appropriate response.

YC14 Religious salience	Not Important	A little Important	Pretty important	Very important
1. How important is religious faith in shaping how you live your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC14 Religious salience	Yes	No
1. Ten years from now, do you think you will be attending a place of worship (e.g. mosque, church, synagogue, etc)?	<input type="radio"/>	<input type="radio"/>

YC14 Religious salience	Totally up to you	Mostly up to you	Somewhat up to you	Not up to you at all
2. Is it up to you whether or not you attend a place of worship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you spend time in the following activities?

YC15 Involvement in extracurricular activities	Never	Monthly	Weekly	Daily
1. Volunteering your time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Mentoring other youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Paid work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Attending a place of worship (e.g. mosque, church, synagogue, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Participating in a Religious Youth Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Hanging out with your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Attending programs at a community center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Participating in school athletics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Here are some questions about the program you attend. Again, use the scale to show how much you agree or disagree.

YC16 Safe environment:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I feel safe when I'm in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This program makes me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bullying and aggression are not tolerated here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All the people in this program treat me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC17 Youth voice in decision making:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, I get to make decisions about the things I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a say in planning this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In this program, I am encouraged to express my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am expected to voice my concerns when I have them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The program staff take my ideas seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC18 Youth staff partnerships:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. In this program, it is clear that youth and staff respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learn a lot from staff in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff learn a lot from youth in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is a good balance of power between youth and staff in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Youth and staff trust each other in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Youth and staff learn a lot from working together in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC19 Program engagement SNAP	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I find this program to be challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This program is important to my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I concentrate hard when I'm involved in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. This program is interesting to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I enjoy most everything I do in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Life-long Learning

YC20 Lifelong learning	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I expect to go on learning for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I like to be able to improve the way I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I'm continually improving as a learner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I don't like to accept an answer until I have worked it out for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I like to question the things I am learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Getting to the bottom of things is more important to me than getting a good grade.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I like to learn about things that really matter to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I like it when I can make connections between new things I am learning and things I already know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I like learning new things when I can see how they make sense for my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Cognitive Empowerment

YC21 Cognitive empowerment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1: Only by working together can people make changes in a community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2: I can impact community issues only by working in an organized way with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3: To improve my community, it is more effective to work with a group than as an individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4: The only way I can act to improve the community is by connecting to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5: If youth are making change in a community, sooner or later, they will encounter conflict.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6: People are accepting when people work to improve schools or the community, but only when this doesn't challenge those in authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7: Those with power try to silence youth who challenge them too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8: When teens work for change, it doesn't take long for the system to push back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9: Those with power undermine youth that challenge too much, and reward youth that are obedient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10: Authorities punish those who don't accept what those authorities want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11: Schools and communities ignore issues raised by youth that these groups don't want to address.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12: Influential people work to keep youth unaware of many issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13: Those with power are skilled at getting most youth to believe what the powerful want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14: Authorities are able to get youth to interpret most things from the authority's perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Civic Participation

Please indicate how often in the past year you have done the following things:

YC22 Civic participation	Never	Once or twice	A few times	Often	A lot
1: Did things to help improve your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2: Helped organize neighborhood or community events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3: Volunteered at a school event or function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4: Participated in a group based on your culture or identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5: Participated in a discussion about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6: Attended an event to gather information about an issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7: Signed a petition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8: Contacted an official to give them your opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9: Participated in a peaceful protest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10: Posted about news, issues or politics using social media (Facebook, Twitter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YC23 Response bias	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1: I understood the questions on this survey.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2: I answered the questions on this survey carefully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3: I answered the questions on this survey honestly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Youth And Community (YAC) survey is used with permission from Dr. Shepherd Zeldin.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool

Organization:

Program:

Activity:

ID:

Snapshot Survey

This survey will take you about 30 minutes to fill out. It has 43 questions.

The Engagement Portrait

This survey is about youth engagement. Here is what we think "youth engagement" means:

Youth engagement is the meaningful participation and continuing involvement of a young person in an activity, which has a focus outside of him or herself.

We think youth engagement has four parts:

1. HEAD - thinking, such as learning about the activity, and
2. HEART - feelings, for example, having fun doing the activity, and
3. FEET - spending time doing the activity, and
4. SPIRIT - meaningfulness and connection to other people or a higher power when you are doing the activity.

We believe that there are lots of ways youth can be engaged. Engagement could come from spending time with friends and family, playing music in a band, being on a sports team, volunteering in the community, and lots of other ways.

Since you are doing this survey for an organization or group, please answer the questions based on what you do in the organization or group. This activity could be an event or an ongoing program. Please think about this event/activity when you answer the questions below. There are no right and wrong answers!

1. Please tell us a little about what YOU do in this event/activity/program:

SNAP1 Feet

SNAP2 Feet

For the next two statements, please check ALL of the answers that fit your activity.

Where do you usually do this activity?^[SEP]

- 2. At my home ^[SEP]
- 3. At my school ^[SEP]
- 4. Other (5. where?) _____

Whom do you usually do it with?^[SEP]

- 6. By myself ^[SEP]
- 7. Other youth
- 8. Adults

SNAP2 Feet

The next three questions are more about the FEET part of your engagement. Please choose ONE answer for each question.

9. How often do you do this activity?

<input type="radio"/> Done it just once	<input type="radio"/> Few times a year	<input type="radio"/> Every month	<input type="radio"/> Few times a month	<input type="radio"/> Once a week	<input type="radio"/> Several days a week
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Continued on next page.

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

10. How long have you been doing it?

<input type="radio"/> Just started doing it	<input type="radio"/> 1 to 5 months	<input type="radio"/> 6 months to 1 year	<input type="radio"/> between 1 and 2 years	<input type="radio"/> 2 to 3 years	<input type="radio"/> between 3 and 4 years	<input type="radio"/> 4 to 5 years	<input type="radio"/> More than 5 years
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11. How much longer do you think you will stay involved?

<input type="radio"/> Less than 1 more month	<input type="radio"/> 1 to 5 more months	<input type="radio"/> 6 months to 1 year	<input type="radio"/> between 1 and 2 more years	<input type="radio"/> 2 to 3 more years	<input type="radio"/> between 3 and 4 more years	<input type="radio"/> 4 to 5 more years	<input type="radio"/> More than 5 more years
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Now we would like to learn about the HEAD, HEART, and SPIRIT parts of your engagement. Please choose ONE answer that best matches your opinion for each statement below.

SNAP3 Head <i>About the HEAD part of your engagement:</i>	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I really focus on this activity when I'm doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learn new things when I am doing this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I lose track of time when I'm doing this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SNAP4 Heart <i>About the HEART part of your engagement:</i>	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I enjoy doing this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This activity is an important part of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It would be very hard for me to give up this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SNAP5 Spirit <i>About the SPIRIT part of your engagement:</i>	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. This activity helps give my life meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This activity connects me to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This activity helps me connect to something greater than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I help other people when I do this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SNAP6 Engaging

Overall, I think this activity is very engaging.

<input type="radio"/> Strongly agree	<input type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree	<input type="radio"/> Strongly disagree
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The Engagement Landscape:

SNAP7 Engagement landscape typology

Now we would like to learn about the activity itself. Please choose ONE answer for each question.

1. Does this activity meet at a regular time?

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

2. Who leads this activity?

<input type="radio"/> Youth by themselves	<input type="radio"/> Mostly Youth	<input type="radio"/> Youth & Adults Equally	<input type="radio"/> Mostly Adults	<input type="radio"/> Adults by themselves
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Continued on next page.

3. Do youth have to show they are good at this activity before they can join? (e.g., pass an audition or be at a certain skill level)

Yes No

4. In this activity, how many different kinds of things do you do?

One thing A few different things Many different things

5. In general, how many other young people do this activity with you?

I do it by myself With 1-5 other young people With 6-10 other young people With 10-15 other young people With more than 15 other young people

Please choose ONE answer that best matches your opinion for each question below. There are no right or wrong answers!

SNAP8 Qualities	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. How competitive is this activity (for e.g., is winning an important part of this activity)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do youth tend to stay in this activity for a long time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do youth have a chance to learn how to make decisions in this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does this activity include youth who are from different groups (for e.g., come from different countries or have different ways of doing things)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do other youth look up to people who do this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do people in this activity cooperate with each other?

Not at all A little Somewhat Quite a bit A lot Does not apply (I do this activity by myself)

SNAP8 Qualities	Not at all	A little	Somewhat	Quite a bit	A lot
7. How much free time do you have in this activity, when you can choose what to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you feel safe when you do this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How much structure and guidance is there in this activity?

Way too little Not enough Just the right amount Too much Way too much

SNAP8 Qualities	Not at all	A little	Somewhat	Quite a bit	A lot	Does not apply (I do this activity by myself)
10. If you do this activity with other people, how supportive and caring are these people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you feel included by other people in this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If you do this activity with other people, do these people show positive values?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

SNAP8 Qualities	Not at all	A little bit	Somewhat	Quite a bit	A lot
13. Do you think you can get things done in this activity and make positive things happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Are there opportunities for you to learn new things in this activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Is involvement in this activity connected to your family, school, or community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. If there is anything else you'd like to tell us about this activity, please write it in this box.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Snapshot Survey Icons

This survey will take you about 25 minutes to fill out. It has 43 questions.

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

The Engagement Portrait

This survey is about youth engagement. Here is what we think "youth engagement" means:

Youth engagement is the meaningful participation and continuing involvement of a young person in an activity, which has a focus outside of him or herself.

We think youth engagement has four parts:

1. HEAD - thinking, such as learning about the activity, and
2. HEART - feelings, for example, having fun doing the activity, and
3. FEET - spending time doing the activity, and
4. SPIRIT - meaningfulness and connection to other people or a higher power when you are doing the activity.

We believe that there are lots of ways youth can be engaged. Engagement could come from spending time with friends and family, playing music in a band, being on a sports team, volunteering in the community, and lots of other ways.

Since you are doing this survey for an organization or group, please answer the questions based on what you do in the organization or group. This activity could be an event or an ongoing program. Please think about this event/activity when you answer the questions below. There are no right and wrong answers!

Please tell us a little about what YOU do in this event/activity/program:

SNAP1 Feet

For the next two statements, please check ALL of the answers that fit your activity.

SNAP1 Feet

Where do you usually do this activity?

- 2. At my home
- 3. At my school
- 4. Other (5. Where?) _____

Whom do you usually do it with?

- 6. By myself
- 7. Other youth
- 8. Adults

SNAP2 Feet

The next three questions are about the FEET part of your engagement. Please choose ONE answer for each question.

9. How often do you do this activity?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done it just once	Few times a year	Every month	Few times a month	Once a week	Several days a week

Continued on next page.

10. How long have you been doing it?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Just started doing it	1 to 5 months	6 months to 1 year	between 1 and 2 years	2 to 3 years	between 3 and 4 years	4 to 5 years	More than 5 years

11. How much longer do you think you will stay involved?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than 1 more month	1 to 5 more months	6 months to 1 year	between 1 and 2 more years	2 to 3 more years	between 3 and 4 more years	4 to 5 more years	More than 5 more years

Now we would like to learn about the HEAD, HEART, and SPIRIT parts of your engagement. Please choose ONE answer that best matches your opinion for each statement below.

SNAP3 Head <i>About the HEAD part of your engagement:</i>	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I really focus on this activity when I'm doing it.					
2. I learn new things when I am doing this activity.					
3. I lose track of time when I'm doing this activity.					

SNAP4 Heart <i>About the HEART part of your engagement:</i>	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. I enjoy doing this activity.					
2. This activity is an important part of who I am.					
3. It would be very hard for me to give up this activity.					

SNAP5 Spirit <i>About the SPIRIT part of your engagement:</i>	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. This activity helps give my life meaning.					
2. This activity connects me to other people.					
3. This activity helps me connect to something greater than myself.					
4. I help other people when I do this activity.					

SNAP6 Engaging

Overall, I think this activity is very engaging.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	

Continued on next page.

The Engagement Landscape:

SNAP7 Engagement landscape typology

Now we would like to learn about the activity itself. Please choose ONE answer for each question.

1. Does this activity meet at a regular time?

Yes No

2. Who leads this activity?

Youth by themselves Mostly youth Youth & adults equally Mostly adults Adults by themselves

3. Do youth have to show they are good at this activity before they can join?^[11] (e.g., pass an audition or be at a certain skill level)

Yes No

4. In this activity, how many different kinds of things do you do?

One thing A few different things Many different things

5. In general, how many other young people do this activity with you?

I do it by myself With 1-5 other young people With 6-10 other young people With 10-15 other young people With more than 15 other young people

Please choose ONE answer that best matches your opinion for each question below. There are no right or wrong answers!

SNAP8 Qualities	Not at all	A little bit	Somewhat	Quite a bit	A lot
1. How competitive is this activity (for e.g., is winning an important part of this activity)?					
2. Do youth tend to stay in this activity for a long time?					
3. Do youth have a chance to learn how to make decisions in this activity?					
4. Does this activity include youth who are from different groups (for e.g., come from different countries or have different ways of doing things)?					
5. Do other youth look up to people who do this activity?					

6. Do people in this activity cooperate with each other?

Not at all A little Somewhat Quite a bit A lot Does not apply (I do this activity by myself)

SNAP8 Qualities	Not at all	A little bit	Somewhat	Quite a bit	A lot
7. How much free time do you have in this activity, when you can choose what to do?					
8. Do you feel safe when you do this activity?					

9. How much structure and guidance is there in this activity?

Way too little Not enough Just the right amount Too much Way too much

Continued on next page.

SNAP8 Qualities	Not at all	A little bit	Somewhat	Quite a bit	A lot	Does not apply (I do this activity by myself)
10. If you do this activity with other people, how supportive and caring are these people?						
11. Do you feel included by other people in this activity?						
12. If you do this activity with other people, do these people show positive values?						

SNAP8 Qualities	Not at all	A little bit	Somewhat	Quite a bit	A lot
13. Do you think you can get things done in this activity and make positive things happen?					
14. Are there opportunities for you to learn new things in this activity?					
15. Is involvement in this activity connected to your family, school, or community?					

16. If there is anything else you'd like to tell us about this activity, please write it in this box.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth Meeting/Activity Evaluation - Participants

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 10 minutes to fill out. It has 13 questions. Thank you for your help!

YM1 Activity score composite

Please fill out this short evaluation of today's meeting/activity. Thanks.

Location:

Date:

1. On a scale of 1 to 5 please rate the meeting/activity (5 being excellent):^[SEP]

The meeting/activity was: 1 2 3 4 5

2. The high point of the meeting/activity was:

3. The high point scored (On a scale of 1 to 5, 5 being excellent): 1 2 3 4 5

4. Comments:

Please choose how much you agree with these sentences (5 agree strongly, 1 disagree strongly, 3 is in the middle):

5. I felt I contributed a lot in the meeting/activity.

It scored: 1 2 3 4 5

6. This meeting/activity was productive.^[SEP]

It scored: 1 2 3 4 5

7. I learned something new.

It scored: 1 2 3 4 5

8. Comments:

Continued on next page.

Please score the following (1 = "The Lowest" or "Not at all" and 5 "Totally Good"):

9. The high point of my day was:

10. It scored: 1 2 3 4 5

11. The low point of my day was:

12. It scored: 1 2 3 4 5

13. Comments:

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Quantitative Tools: New

The surveys in the following section are primarily quantitative and will be added to the study. They address learnings and gaps identified through the survey tools in the previous section given clearance in our previously approved study: GEDUC-677-13 Sharing the Story, TRAQ file no. 6010165.

These surveys may also be administered in post-retrospective format, if appropriate. For examples of post-retrospective versions, please see the Engaged in Community and Healthy, Close Relationships surveys in the previous section (Quantitative Tools: Current).

The surveys and guides contain codes in Table and Question Headings to assist Program Leaders and Coaches to identify, select, manage and analyze questions. These are in green text and are suppressed when surveys appear on line or are printed in paper format.

ID:

Multigroup Ethnic Identity Measure

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 6 questions.

Please complete this sentence: In terms of ethnic group(s), I consider myself to be

How much do you agree or disagree with the following statements?

MGEI 1 Exploration	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a strong sense of belonging to my own ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I understand pretty well what my ethnic group membership means to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

MGEI 2 Commitment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have often done things that will help me understand my ethnic background better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have often talked to other people in order to learn more about my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel a strong attachment towards my own ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Phinney, J., & Ong, A. (2007). *Conceptualization and measurement of ethnic identity: Current status and future directions*. *Journal of Counseling Psychology*, 54, 271-281.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Cultural Connectedness

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-25 minutes to fill out. It has 29 questions.

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CC 1 Identity	Yes	No
1. I plan on trying to find out more about my [Aboriginal, First Nations, Métis, Inuit] culture, such as its history, traditions and customs.	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

CC 1 Identity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
2. I have spent time trying to find out more about being [Aboriginal, First Nations, Métis, Inuit] such as its history, traditions and customs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a strong sense of belonging to my [Aboriginal, First Nations, Métis, Inuit] community or Nation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have done things that will help me understand my [Aboriginal, First Nations, Métis, Inuit] background better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have talked to other people in order to learn more about being [Aboriginal, First Nations, Métis, Inuit]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I learn something about my [Aboriginal, First Nations, Métis, Inuit] I will ask someone more about it later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel a strong attachment towards my [Aboriginal, First Nations, Métis, Inuit] community or Nation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. If a traditional person, Elder, or Clan Mother spoke to me about being [Aboriginal, First Nations, Métis, Inuit], I would listen to them carefully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel a strong connection to my ancestors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Being [Aboriginal, First Nations, Métis, Inuit] means I sometimes have a different way of looking at the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It is important to me that I know my [Aboriginal, First Nations, Métis, Inuit] language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CC 2 Traditions	Yes	No
1. I can understand some of my [Aboriginal, First Nations, Métis, Inuit] language.	<input type="radio"/>	<input type="radio"/>
2. I use tobacco for guidance.	<input type="radio"/>	<input type="radio"/>
3. I have participated in a cultural ceremony (examples: Sweatlodge, Moon Ceremony, Sundance, Longhouse, Feast, Giveaway).	<input type="radio"/>	<input type="radio"/>
4. I have helped prepare for a cultural ceremony (examples: Sweatlodge, Moon Ceremony, Sundance, Longhouse, Feast or Giveaway).	<input type="radio"/>	<input type="radio"/>
5. I have offered food or feasted someone/something for a cultural reason.	<input type="radio"/>	<input type="radio"/>
6. Someone in my family or someone I am close with attends cultural ceremonies (examples: Sweatlodge, Moon Ceremony, Sundance, Longhouse, Feast or Giveaway).	<input type="radio"/>	<input type="radio"/>

Continued on next page.

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CC 2 Traditions	Yes	No
7. I plan on attending a cultural ceremony in the future (examples: Sweatlodge, Moon Ceremony, Sundance, Longhouse, Feast or Giveaway).	<input type="radio"/>	<input type="radio"/>
8. I have a traditional person, Elder or Clan Mother who I talk to.	<input type="radio"/>	<input type="radio"/>

Please indicate how often you do the following:

CC 2 Traditions	Once/twice in the last year	Every month	Every week	Every day
9. How often do you make tobacco offerings for cultural purposes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How often do you use sage, sweetgrass, or cedar in any way or form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often does someone in your family or someone you are close with use sage, sweetgrass, or cedar in any way or form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CC 3 Spirituality	Yes	No
1. I know my cultural/spirit name.	<input type="radio"/>	<input type="radio"/>
2. In certain situations, I believe things like animals and rocks have a spirit like [Aboriginal, First Nations, Métis, Inuit] people.	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

CC 3 Spirituality	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
3. The eagle feather has a lot of meaning to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When I am physically ill, I look to my [Aboriginal, First Nations, Métis, Inuit] culture for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I am overwhelmed with my emotions, I look to my [Aboriginal, First Nations, Métis, Inuit] culture for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I need to make a decision about something, I look to my [Aboriginal, First Nations, Métis, Inuit] culture for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I am feeling spiritually disconnected, I look to my [[Aboriginal, First Nations, Métis, Inuit] culture for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Snowshoe, A. (2015). "The Cultural Connectedness Scale and its relation to positive mental health among First Nations youth." Electronic Thesis and Dissertation Repository, 3107.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Cultural Connectedness (Short version)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 8-10 minutes to fill out. It has 10 questions.

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CCs 1 Identity	Yes	No
1. I plan on trying to find out more about my [Aboriginal, First Nations, Métis, Inuit] culture, such as its history, traditions and customs.	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

CCs 1 Identity	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
2. I have spent time trying to find out more about being [Aboriginal, First Nations, Métis, Inuit], such as its history, traditions and customs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a strong sense of belonging to my [Aboriginal, First Nations, Métis, Inuit] community or Nation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel a strong attachment towards my [Aboriginal, First Nations, Métis, Inuit] community or Nation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CCs 2 Traditions	Yes	No
2. I use tobacco for guidance.	<input type="radio"/>	<input type="radio"/>
8. I have a traditional person, Elder or Clan Mother who I talk to.	<input type="radio"/>	<input type="radio"/>

Please indicate how often you do the following:

CC 2s Traditions	Once/twice in the last year	Every month	Every week	Every day
11. How often does someone in your family or someone you are close with use sage, sweetgrass, or cedar in any way or form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about being [Aboriginal, First Nations, Métis, Inuit] and culture

CCs 3 Spirituality	Yes	No
1. I know my cultural/spirit name.	<input type="radio"/>	<input type="radio"/>
2. In certain situations, I believe things like animals and rocks have a spirit like [Aboriginal, First Nations, Métis, Inuit] people.	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

CCs 3 Spirituality	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
3. The eagle feather has a lot of meaning to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Snowshoe, A. (2015). "The Cultural Connectedness Scale and its relation to positive mental health among First Nations youth." Electronic Thesis and Dissertation Repository, 3107.

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Multidimensional Inventory of [Black] Identity

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 12-15 minutes to fill out. It has 21 questions.

How much do you agree with the following statements?

MDIBI 1 Centrality	Really disagree	Disagree	Neutral	Agree	Really agree
1. I feel close to other [Black] people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a strong sense of belonging to other [Black] people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If I were to describe myself to someone, one of the first things that I would say is that I'm [Black].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

MDIBI 2 Private regard	Really disagree	Disagree	Neutral	Agree	Really agree
1. I am happy that I am [Black].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am proud to be [Black].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel good about [Black] people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

MDIBI 3 Public regard	Really disagree	Disagree	Neutral	Agree	Really agree
1. Most people think that [Blacks] are as smart as people of other races.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. People think that [Blacks] are as good as people from other races.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People from other races think that [Blacks] have made important contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

MDIBI 4 Nationalism	Really disagree	Disagree	Neutral	Agree	Really agree
1. [Black] parents should surround their children with [Black] art and [Black] books.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Whenever possible, [Blacks] should buy from [Black] businesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. [Blacks] should support [Black] entertainment by going to [Black] movies and watching Black TV shows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

MDIBI 5 Humanism	Really disagree	Disagree	Neutral	Agree	Really agree
1. Being an individual is more important than identifying yourself as Black].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. [Blacks should think of themselves as individuals, not as [Blacks].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Black] people should not consider race when deciding what movies to go see.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

How much do you agree with the following statements?

MDIBI 6 Assimilation	Really disagree	Disagree	Neutral	Agree	Really agree
1. It is important that [Blacks]. go to White Schools so that they can learn how to act around Whites.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I think it is important for [Blacks]. not to act [Black] around White people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. [Blacks]. should act more like Whites to be successful in this society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

MDIBI 7 Oppressed minority	Really disagree	Disagree	Neutral	Agree	Really agree
1. People of all minority groups should stick together and fight discrimination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There are other people who experience discrimination similar to [Blacks].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. [Blacks]. should spend less time focusing on how we differ from other minority groups and more time focusing on how we are similar to people from other minority groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Scottham, K. M., Sellers, R. M., & Nguyễn, H. X. (2008). *A measure of racial identity in African American adolescents: the development of the Multidimensional Inventory of Black Identity--Teen*. *Cultural diversity & ethnic minority psychology, 14*(4), 297–306. doi:10.1037/1099-9809.14.4.297

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Family Needs Scale

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 25-30 minutes to fill out. It has 41 questions.

Please choose the response that best describes your family's need for help in each area. If you have no need, you can choose "Not Applicable".

FNS 1: Financial	Never	Almost never	Sometimes	Almost always	Always	Not applicable
1. Having money to buy necessities and pay bills (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Budgeting money (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Paying for special needs of my child (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Planning for future health needs (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Managing the daily needs of my child at home (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Having medical and dental care for my family (F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the response that best describes your family's need for help in each area. If you have no need, you can choose "Not Applicable".

FNS 2: Growth & support I	Never	Almost never	Sometimes	Almost always	Always	Not applicable
1. Saving money for the future (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Expanding my education, skills, and interests (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Doing things I enjoy (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Doing things with my family (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Participating in parent groups or clubs (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Traveling/vacationing with my child (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Having someone to talk to (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Having time to take care of myself (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Having time to take my child to appointments (GS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the response that best describes your family's need for help in each area. If you have no need, you can choose "Not Applicable".

FNS 3: Basic resources	Never	Almost never	Sometimes	Almost always	Always	Not applicable
1. Having clean water to drink (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having food for two meals a day (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Having time to cook healthy meals for my family (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeding my child (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Getting a place to live (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Having plumbing, lighting, heat (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Getting furniture, clothes, toys (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please choose the response that best describes your family's need for help in each area. If you have no need, you can choose "Not Applicable".

FNS 3: Basic resources	Never	Almost never	Sometimes	Almost always	Always	Not applicable
8. Completing chores, repairs, improvements (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Getting a job (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Having a satisfying job (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Getting where I need to go (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Getting in touch with people I need to talk to (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Transporting my child (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Having emergency health care (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Caring for my child during working hours (BR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the response that best describes your family's need for help in each area. If you have no need, you can choose "Not Applicable".

FNS 4: Specialized care	Never	Almost never	Sometimes	Almost always	Always	Not applicable
1. Adapting my house for my child (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having special travel equipment for my child (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Finding someone to talk to about my child (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Finding dental & medical care for my child (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Having emergency child care (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Getting respite care for my child (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Getting equipment or therapy for my child (SC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the response that best describes your family's need for help in each area. If you have no need, you can choose "Not Applicable".

FNS 5: Future concerns	Never	Almost never	Sometimes	Almost always	Always	Not applicable
1. Finding care for my child in the future (FC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Finding a school placement for my child (FC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Planning for future job for my child (FC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Exploring future educational options for my child (FC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Dunst, C. J., Cooper, C. S., Weeldreyer, J. C., Snyder, K. D., & Chase, J. H. (1988). Family needs scale. In C. J. Dunst, C. Trivette, & A. Deal (Eds.), *Enabling and empowering families: Principle and guidelines for practice* (pp. 149–151). Cambridge, MA: Brookline Book

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

ID:

Youth-Report Measure of Growth/Goal Focus in Youth Mentoring Relationships

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 6 questions.

How true are the following statements for you?

YRMR 1 Mentoring Relationship Quality	Very false	False	True	Very true
1. My mentor and I talk together about how to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My mentor and I spend time working on how I can improve as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Learning new things together is an important part of our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My mentor helps me to set and reach goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My mentor and I work on projects together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My mentor and I accomplish a lot of things together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: DuBois, D. L. (2008). Youth-report measure of growth/goal focus in youth mentoring relationships. Unpublished measure, University of Illinois at Chicago.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Mentor Support for Racial-Ethnic Identity

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 3-5 minutes to fill out. It has 6 questions.

How true are the following statements for you?

MSRI 1 Mentor support for racial-ethnic identity	Not at all true	A little true	Pretty true	Very true
1. My mentor helps me learn new things about my racial/ethnic background and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My mentor seems interested in my racial/ethnic background and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My mentor seems uncomfortable talking to me about my racial/ethnic background and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My mentor makes me feel proud of my racial/ethnic background and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My mentor is respectful of my racial/ethnic background and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My mentor seems to understand my racial/ethnic background and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Sánchez, B., Pryce, J., Silverthorn, N., Deane, K., & DuBois, D. L. (2018). Do mentor support for ethnic-racial identity and mentee cultural mistrust matter for girls of color? A preliminary investigation. *Cultural Diversity and Ethnic Minority Psychology*. DOI: 10.1037/cdp0000213

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:



Financial Skill Scale

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 8-10 minutes to fill out. It has 10 questions.

How much do you agree or disagree with the following statements?

FSS 1 Financial Skill	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I know how to make complex decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am able to make good financial decisions that are new to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I know how to get myself to follow through on my financial intentions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am able to recognize a good financial investment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I know how to keep myself from spending too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I know how to make myself save.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I know where to find the advice I need to make decisions involving money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I know when I do not have enough information to make a good decision involving my money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I know when I need advice about my money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I struggle to understand financial information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Warmath, D., & Zimmerman, D. (2018). *The Financial Skill Scale: An application of item response theory to establish a complete view of financial literacy.* *Consumer Interests Annual*, 64, 1-4.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Shift and Persist (Teen, Adult)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5-10 minutes to fill out. It has 14 questions.

Please rate how well the following statements describe you:

SP 1 Persist	Not at all	A little	Some	A lot
1. I feel my life has a sense of purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My life feels worthwhile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I believe that there is a larger reason or purpose for my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel my life is going nowhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next you will see a list of things that people sometimes do, think, or feel when something stressful happens. Everybody deals with problems in their own way. Please rate how much you do each of the following things when something stressful happens in your life. When something stressful happens in my life...

SP 2 Shift	Not at all	A little	Some	A lot
1. I think about what I can learn from the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I work to change or fix the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I try not to think about it, to forget about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I think about the positive aspects, or the good that can come from the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I start to act without thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In life, things don't always go the way that we want. Everyone has different preferences for how they deal with situations in which something doesn't turn out the way that they want, and they are not able to change it. Please rate how much you do each of the following. When something doesn't turn out the way that I want...

	Not at all	A little	Some	A lot
6. Little things upset me easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I think about what good things could come from the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I find it hard to stop thinking about what happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I start working on other new goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I think about what I can learn from the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Chen, E., McLean, K. C., & Miller, G. E. (2015). *Shift-and-Persist strategies: Associations With socioeconomic status and the regulation of inflammation among adolescents and their parents. Psychosomatic*

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:



Companionship

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 10 minutes to fill out. It has 13 questions.

For the next set of questions, please read each statement and then decide how much each applies to you in the past month.

COMP 1 Friendship In the past month, please rate how often...	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
1. I get invited to go out and do things with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have friends I get together with to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are people around with whom to have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can find a friend when I need one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel like I have lots of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have friends who will have lunch with me when I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel close to my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel like I'm part of a group of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the next set of questions, please read each statement and then decide how much each applies to you in the past month.

COMP 2 Loneliness In the past month, please rate how often...	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
1. I feel alone and apart from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel that I am no longer close to anyone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Cyranowski, J. M., Zill, N., Bode, R., Butt, Z., Kelly, M. A. R., Pilkonis, P. A., Salsman, J. M., & Cella, D. (2013). *Assessing social support, companionship, and distress: NIH toolbox adult social relationship scales*. *Health Psychology*, 32, 293-301. DOI: 10.1037/a0028586

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Emotional Support (Ages 8-17)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 7 questions.

For the next set of questions, please read each statement and then decide how much each applies to you in the past month.

ES 1 Social support In the past month, please rate how often...	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
1. I have someone who understands my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have someone who will listen to me when I need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have someone to talk with when I have a bad day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There is someone around to help me if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can get helpful advice from others when dealing with a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I get useful advice about important things in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have someone to talk with about school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: NIH Toolbox. (2016). *Emotional Support (Ages 8-17) – Fixed Form*. Evanston, IL: National Institutes of Health and Northwestern University. Available online: <http://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:



Friendship (Ages 8-17)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 4 minutes to fill out. It has 5 questions.

For the next set of questions, please read each statement and then decide how much each applies to you in the past month.

F817 1 Friendship In the past month, please rate how often...	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
1. I get invited to go out and do things with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can find a friend when I need one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel like I have lots of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have friends to sit with at lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel like I'm part of a group of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: NIH Toolbox. (2016). *Friendship (Ages 8-17) – Fixed Form*. Evanston, IL: National Institutes of Health and Northwestern University.
Available online: <http://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.



Partnership Assessment Tool (for organizations/network partners)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-25 minutes to fill out. It has 67 questions.

Please think about the people and organizations that are participants in your partnership.

PAT 1 Synergy	Extremely well	Very well	Somewhat well	Not so well	Not well at all
1. By working together, how well are these partners able to identify new and creative ways to solve problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. By working together, how well are these partners able to include the views and priorities of the people affected by the partnership's work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. By working together, how well are these partners able to develop goals that are widely understood and supported among partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. By working together, how well are these partners able to identify how different services and programs in the community relate to the problems the partnership is trying to address?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. By working together, how well are these partners able to respond to the needs and problems of the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. By working together, how well are these partners able to implement strategies that are most likely to work in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. By working together, how well are these partners able to obtain support from individuals and organizations in the community that can either block the partnership's plans or help move them forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. By working together, how well are these partners able to carry out comprehensive activities that connect multiple services, programs, or systems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. By working together, how well are these partners able to clearly communicate to people in the community how the partnership's actions will address problems that are important to them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please think about all the people who provide either formal or informal leadership in this partnership. Please rate the total effectiveness of your partnership's leadership in each of the following areas:

PAT 2 Leadership	Excellent	Very good	Good	Fair	Poor	Don't know
1. Taking responsibility for the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Inspiring or motivating people involved in the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Empowering people involved in the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Communicating the vision of the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Working to develop a common language within the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Fostering respect, trust, inclusiveness, and openness in the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Creating an environment where differences of opinion can be voiced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please think about all the people who provide either formal or informal leadership in this partnership. Please rate the total effectiveness of your partnership's leadership in each of the following areas:

PAT 2 Leadership	Excellent	Very good	Good	Fair	Poor	Don't know
8. Resolving conflict among partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Combining the perspectives, resources, and skills of partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Helping the partnership be creative and look at things differently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Recruiting diverse people and organizations into the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the answer that best describes your partnership's uses of partner's resources.

PAT 3 Efficiency	The partnership makes excellent use	The partnership makes very good use	The partnership makes good use	The partnership makes fair use	The partnership makes poor use
1. How well does your partnership use the partners' financial resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well does your partnership use partners' in-kind resources (e.g., skills, expertise, information, data, connections, influence, space, equipment, goods)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well does your partnership use the partners' time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like you to think about the administrative and management activities in your partnership. Please rate the effectiveness of your partnership in carrying out each of the following activities:

PAT 4 Administration and management	Excellent	Very good	Good	Fair	Poor	Don't know
1. Coordinating communication among partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Coordinating communication with people and organizations <u>outside</u> the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Organizing partnership activities, including meetings and projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Applying for and managing grants and funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Preparing materials that inform partners and help them make timely decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Performing secretarial duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Providing orientation to new partners as they join the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Evaluating the progress and impact of the partnership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Minimizing the barriers to participation in the partnership's meetings and activities (e.g., by holding them at convenient places and times, and by providing transportation and childcare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

A partnership needs non-financial resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

PAT 5 Non-financial resources	All of what it needs	Most of what it needs	Some of what it needs	Almost none of what it needs	None of what it needs	Don't know
1. Skills and expertise (e.g., leadership, administration, evaluation, law, public policy, cultural competency, training, community organizing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Data and information (e.g., statistical data, information about community perceptions, values, resources, and politics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Connections to target populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A partnership needs non-financial resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

PAT 5 Non-financial resources	All of what it needs	Most of what it needs	Some of what it needs	Almost none of what it needs	None of what it needs	Don't know
4. Connections to political decision-makers, government agencies, other organizations/groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Legitimacy and credibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Influence and ability to bring people together for meetings and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A partnership also needs financial and other capital resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does your partnership have what it needs to work effectively?

PAT 6 Financial and other capital resources	All of what it needs	Most of what it needs	Some of what it needs	Almost none of what it needs	None of what it needs	Don't know
1. Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Equipment and goods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. How comfortable are you with the way decisions are made in the partnership? [PAT 7 Decision making]

Extremely	Very	Somewhat	A little	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How often do you support the decisions made by the partnership? [PAT 7 Decision making]

All of the time	Most of the time	Some of the time	Almost none of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How often do you feel that you have been left out of the decision-making process? [PAT 7 Decision making]

All of the time	Most of the time	Some of the time	Almost none of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

For each of the following benefits, please indicate whether you have or have not received the benefit as a result of participating in the partnership.

PAT 8 Benefits of participation	Yes	No
1. Enhanced ability to address an important issue	<input type="radio"/>	<input type="radio"/>
2. Development of new skills	<input type="radio"/>	<input type="radio"/>
3. Heightened public profile	<input type="radio"/>	<input type="radio"/>
4. Increased utilization of my expertise or services	<input type="radio"/>	<input type="radio"/>
5. Acquisition of useful knowledge about services, programs, or people in the community	<input type="radio"/>	<input type="radio"/>
6. Enhanced ability to affect public policy	<input type="radio"/>	<input type="radio"/>

For each of the following benefits, please indicate whether you have or have not received the benefit as a result of participating in the partnership.

PAT 8 Benefits of participation	Yes	No
7. Development of valuable relationships	<input type="radio"/>	<input type="radio"/>
8. Enhanced ability to meet the needs of my constituency or clients	<input type="radio"/>	<input type="radio"/>
9. Ability to have a greater impact than I could have on my own	<input type="radio"/>	<input type="radio"/>
10. Ability to make a contribution to the community	<input type="radio"/>	<input type="radio"/>
11. Acquisition of additional financial support	<input type="radio"/>	<input type="radio"/>

For each of the following drawbacks, please indicate whether or not you have or have not experienced the drawback as a result of participating in this partnership.

PAT 9 Drawbacks of participation	Yes	No
1. Diversion of time and resources away from other priorities or obligations	<input type="radio"/>	<input type="radio"/>
2. Insufficient influence in partnership activities	<input type="radio"/>	<input type="radio"/>
3. Viewed negatively due to association with other partners or the partnership	<input type="radio"/>	<input type="radio"/>
4. Frustration or aggravation	<input type="radio"/>	<input type="radio"/>
5. Insufficient credit given to me for contributing to the accomplishments of the partnership	<input type="radio"/>	<input type="radio"/>
6. Conflict between my job and the partnership's work	<input type="radio"/>	<input type="radio"/>

1. So far, how have the benefits of participating in this partnership compared to the drawback? [PAT 10 Comparing Benefits & Drawbacks]

Benefits greatly exceed the drawbacks	Benefits exceed the drawbacks	Benefits and drawbacks are about equal	Drawbacks exceed the benefits	Drawbacks greatly exceed the benefits
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please think about the people and organizations that are participants in your partnership.

PAT 11 Satisfaction with participation	Completely satisfied	Mostly satisfied	Somewhat satisfied	A little satisfied	Not at all satisfied
1. How satisfied are you with the way the people and organizations in the partnership work together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied are you with your influence in the partnership?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied are you with your role in the partnership?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied are you with the partnership's plans for achieving its goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How satisfied are you with the way the partnership is implementing its plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Partnership Self-Assessment Tool - Questionnaire. (2002). Center for the Advancement of Collaborative Strategies in Health.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:



Professional Networks

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 8 minutes to fill out. It has 10 questions.

How much do you think this program helped you to achieve the following:

PN1 Network skills	Not at all	A little	Somewhat	Quite a bit	A lot
1. Find abilities that you did not know you had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Improve your self-esteem and confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Find your vocation (a strong feeling of suitability for a particular career) or passion..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Continue seeking educational opportunities in areas of your interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Find new friends with similar interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Network with people working on areas of your interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Find a job or keep your current job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Meet people that can help you find a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Open a new business or keep a current one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Initiate a new program, event, or workshop or contribute to an existing one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Kerpel, B. M., Cayeros, A. D., & Rabling, B. J. (2015). *Impact evaluation program Jovenes con Porvenir*. Stanford, CA: Stanford University.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Child and Youth Resilience Measure Revised (ages 5-9)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 12-15 minutes to fill out. It has 17 questions.

Please choose one answer for each question. There are no right or wrong answers.

CYRM59 1 Personal resilience	Not at all	A little	Somewhat	Quite a bit	A lot
1. Do you share with people around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is doing well in school important to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you know how to behave/act in different situations (such as school, home, holy places)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do other children like to play with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you have friends that care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you feel you fit in with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you think your friends care about you when times are hard (for example, if you are sick or have done something wrong)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are you treated fairly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you have chances to show others that you are growing up and can do things by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose one answer for each question. There are no right or wrong answers.

CYRM59 2 Caregiver/Relational resilience	Not at all	A little	Somewhat	Quite a bit	A lot
1. Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is there enough to eat in your home when you are hungry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you talk to your family/caregiver(s) about how you feel (for example, when you are hurt or feeling scared)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you feel you fit in with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you feel safe when you are with your family/caregiver(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you like the way your family/caregiver(s) celebrates things (like holidays or learning about your culture)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Liebenberg, L., Ungar, M., & Van de Vijver, F. (2011). Validation of the Child and Youth Resilience Measure-28 (CYRM-28) among Canadian youth. *Research on Social Work Practice, 22*, 219-226. DOI: 10.1177/1049731511428619

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:



Child and Youth Resilience Measure Revised (ages 10-23)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 12-15 minutes to fill out. It has 17 questions.

To what extent do the following statements apply to you? There are no right or wrong answers.

CYRM1023 1 Personal resilience	Not at all	A little	Somewhat	Quite a bit	A lot
1. I cooperate with people around me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Getting an education is important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I know how to behave in different social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People like to spend time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel supported by my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel that I belong/belonged at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My friends stand by me during difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am treated fairly in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have opportunities to show others that I am becoming an adult and can act responsibly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do the following statements apply to you? There are no right or wrong answers.

CYRM1023 2 Caregiver/Relational resilience	Not at all	A little	Somewhat	Quite a bit	A lot
1. My parent(s)/caregiver(s) really look out for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My parent(s)/caregiver(s) know a lot about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If I am hungry, there is enough to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I talk to my family/caregiver(s) about how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My family/caregiver(s) stand by me during difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel safe when I am with my family/caregiver(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I enjoy my family's/caregiver's cultural and family traditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sources: Jefferies, P., McGarrigle, L., & Ungar, M. (2018). *The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure*. *Journal of Evidence-Informed Social Work*, 1-24. <https://doi.org/10.1080/23761407.2018.1548403>

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Child and Youth Resilience Measure Revised (18+)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 12-15 minutes to fill out. It has 17 questions.

To what extent do the following statements apply to you? There are no right or wrong answers.

CYRM18+ 1 Personal resilience	Not at all	A little	Somewhat	Quite a bit	A lot
1. I cooperate with people around me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Getting and improving qualifications or skills is important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I know how to behave in different social situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People like to spend time with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel supported by my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel that I belong in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My friends stand by me during difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am treated fairly in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have opportunities to show others that I can act responsibly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have opportunities to apply my abilities in life (life skills, a job, caring for others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do the following statements apply to you? There are no right or wrong answers.

CYRM18+ 2 Caregiver/Relational resilience	Not at all	A little	Somewhat	Quite a bit	A lot
1. My family have usually supported me through life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My family knows a lot about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If I am hungry, I can get food to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I talk to my family/partner about how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My family/partner stands by me during difficult times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel secure when I am with my family/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I enjoy my family/partner's cultural and family traditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Liebenberg, L., Ungar, M., & Van de Vijver, F. (2011). Validation of the Child and Youth Resilience Measure-28 (CYRM-28) among Canadian youth. *Research on Social Work Practice, 22*, 219-226. DOI: 10.1177/1049731511428619

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Sense of Well-being

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 12 questions.

We are interested in your thoughts about your neighborhood and your life overall.

Below are several statements about your neighborhood. Please indicate if you feel each of them is mostly true or mostly not true.

SWB 1 Sense of well-being	Mostly true	Mostly not true
1. I am satisfied with the physical condition of my neighborhood.	<input type="radio"/>	<input type="radio"/>
2. I am satisfied with the relationships I have with my neighbours.	<input type="radio"/>	<input type="radio"/>
3. I am satisfied with the public services, such as police, fire department, and trash pickup, in my neighborhood.	<input type="radio"/>	<input type="radio"/>
4. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>

Answer only if you have children under 18 living at home:

SWB 1 Sense of well-being	Mostly true	Mostly not true
5. I feel my children are safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>

Below are a few statements about your life in general. Please indicate if you feel each one is mostly true or mostly not true.

SWB 1 Sense of well-being	Mostly true	Mostly not true
6. I am satisfied with the amount of time I have for leisure time activities.	<input type="radio"/>	<input type="radio"/>
7. I am satisfied with the friendships I have.	<input type="radio"/>	<input type="radio"/>
8. I am satisfied with my involvement in community organizations.	<input type="radio"/>	<input type="radio"/>
9. I feel that I am able to live to my full potential.	<input type="radio"/>	<input type="radio"/>

Answer only if you have children under 18 living at home:

SWB 1 Sense of well-being	Mostly true	Mostly not true
10. I feel my children are able to live to their full potential.	<input type="radio"/>	<input type="radio"/>

Finally, a few statements about the future. Please indicate if you feel each one is mostly true or mostly not true.

SWB 1 Sense of well-being	Mostly true	Mostly not true
11. I have a clear vision of what I want my family's future to look like.	<input type="radio"/>	<input type="radio"/>
12. Improving my family's standard of living in the future is important to me.	<input type="radio"/>	<input type="radio"/>

Source: Success Measures. (2011). *Measuring outcomes of financial capability programs: Success measures tools for practitioners*. Washington, DC: Success Measures. Retrieved from: <https://successmeasures.org/sites/all/files/FinancialCapabilityOnlineFinalOct2011.pdf>

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

The Social Emotional Competence Questionnaire

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-20 minutes to fill out. It has 25 questions.

To what extent are the following statements true?

SECQ 1 Self-awareness	Not at all true of me					Very true of me
	1	2	3	4	5	6
1. I know what I am thinking and doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I understand why I do what I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I understand my moods and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I know when I am moody.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can read people's faces when they are angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are the following statements true?

SECQ 2 Social awareness	Not at all true of me					Very true of me
	1	2	3	4	5	6
1. I recognize how people feel by looking at their facial expressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It is easy for me to understand why people feel the way they do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If someone is sad, angry or happy, I believe I know what they are thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I understand why people react the way they do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If a friend is upset, I have a pretty good idea why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are the following statements true?

SECQ 3 Self-management	Not at all true of me					Very true of me
	1	2	3	4	5	6
1. I can stay calm in stressful situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I stay calm and overcome anxiety in new or changing situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I stay calm when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can control the way I feel when something bad happens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I am upset with someone, I will wait till I have calmed down before discussing the issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

To what extent are the following statements true?

SECQ 4 Relationship Management	Not at all true of me					Very true of me
	1	2	3	4	5	6
1. I will always apologize when I hurt my friend unintentionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I always try and comfort my friends when they are sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I try not to criticize my friend when we quarrel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am tolerant of my friend's mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I stand up for myself without putting others down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent are the following statements true?

SECQ 5 Responsible decision-making	Not at all true of me					Very true of me
	1	2	3	4	5	6
1. When making decisions, I take into account the consequences of my actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I ensure that there are more positive outcomes when making a choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I weigh the strengths of the situation before deciding on my action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I consider the criteria chosen before making a recommendation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I consider the strengths and weaknesses of the strategy before deciding to use it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Zhou, M., & Ee, J. (2012). *Development of the Social Emotional Competence Questionnaire (SECQ)*. *The International Journal of Emotional Education*, 4, 27-42.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Cognitive Autonomy and Self-Evaluation in Adolescence

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 20-25 minutes to fill out. It has 27 questions.

Select the answer that most accurately describes you:

CASEA 1 Evaluative thinking	Always	Often	Seldom	Never
1. I think about the consequences of my decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I look at every situation from other people's perspectives before making my own judgments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think of all possible risks before acting on a situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like to evaluate my daily actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I consider alternatives before making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I think about how my actions will affect others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I think about how my actions will affect me in the long run.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I like to evaluate my thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select the answer that most accurately describes you:

CASEA 2 Voicing opinions	Always	Often	Seldom	Never
1. If I have something to add to a class discussion I speak up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When I disagree with others I share my views.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I stand up for what I think is right regardless of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that my opinions are valuable enough to share.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. At school I keep my opinions to myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select the answer that most accurately describes you:

CASEA 3 Decision making	Always	Often	Seldom	Never
1. There are consequences to my decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can tell that my way of thinking has improved with age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think more about the future today than I did when I was younger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My decision-making ability has improved with age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am good at evaluating my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am better at decision making than my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Select the answer that most accurately describes you:

CASEA 4 Self-assessing	Strongly Disagree	Disagree	Neither Agree nor Disagree	Strongly Agree
1. I am good at identifying my own strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am best at identifying my abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am the best judge of my talents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select the answer that most accurately describes you:

CASEA 5 Comparative validation	Strongly Disagree	Disagree	Neither Agree nor Disagree	Strongly Agree
1. I need family members to approve my decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I need my views to match those of my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It is important to me that my friends approve of my decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I need my views to match those of my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I care about what others think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Beckert, Troy. (2007). *Cognitive Autonomy and Self-Evaluation in Adolescence: A Conceptual Investigation and Instrument Development*. *North American Journal of Psychology*. 9. 579-594. 10.1037/t54411-000.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Critical Thinking in Everyday Life

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 18 minutes to fill out. It has 20 questions.

The following statements describe how you might think about certain things in your life. Select the answer that corresponds to how often you have done what is described in the last 30 days. For example, if you select 5 under “always” for an item that means you regularly do what is described in the statement. You always do it.

CTEL 1 Critical thinking	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
1. I think of possible results before I take action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get ideas from other people when having a task to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I develop my ideas by gathering information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When facing a problem, I identify options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can easily express my thoughts on a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am able to give reasons for my opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It is important for me to get information to support my opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I usually have more than one source of information before making a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I plan where to get information on a topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I plan how to get information on a topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I put my ideas in order by importance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I back my decisions by the information I got.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I listen to the ideas of others even if I disagree with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I compare ideas when thinking about a topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I keep my mind open to different ideas when planning to make a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am aware that sometimes there are no right or wrong answers to a question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I develop a checklist to help me think about an issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I can easily tell what I did was right or wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am able to tell the best way of handling a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I make sure the information I use is correct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Mincemoyer, C., Perkins, D. F., & Munyua, C. (2001). *Critical thinking in everyday life. Youth Life Skills Evaluation project at Penn State.* State College, PA: Penn State University. Available online at: <http://www.humanserviceresearch.com/youthlifeskillevaluation>

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Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Intersectional Awareness

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 8 questions.

How much do you agree or disagree with the following statements?

IAW 1 Intersectional awareness	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
1. We must understand racism as well as sexism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Understanding the experiences of women from different ethnic groups is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Homophobia and heterosexism affect the lives of heterosexual people as well LGBTQ2S+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. While there are important differences in how different kinds of oppression work; there are also important similarities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People don't think enough about how connections between social class, race, gender and sexuality affect individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. People can belong to multiple social groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Black and White women experience sexism in different ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. People who belong to more than one oppressed social group (e.g., lesbians who are also ethnic minorities) have experiences that differ from people who belong to only one such group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Curtin, N., Stewart, A. J., & Cole, E. R. (2015). *Challenging the status quo: The role of intersectional awareness in activism for social change and pro-social intergroup attitudes. Psychology of Women Quarterly*, 39, 512-529. DOI:10.1177/0361684315580439

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Contemporary Critical Consciousness Measure

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15 minutes to fill out. It has 19 questions.

Please read each of the following statements. Using the 1-7 scale, please rate your level of agreement with each statement.

CCC 1 Beliefs about race	Strongly disagree 1	Disagree 2	Slightly disagree 3	Neither 4	Slightly agree 5	Agree 6	Strongly agree 7
1. All Whites receive unearned privileges in society.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The overrepresentation of Black and Indigenous people in prison is directly related to racist disciplinary policies in public schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. All Whites contribute to racism in the Canada whether they intend to or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. More racial and ethnic diversity in colleges and universities should be a national priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Reverse racism against Whites is just as harmful as traditional racism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read each of the following statements. Using the 1-7 scale, please rate your level of agreement with each statement.

CCC 2 Beliefs about class	Strongly disagree 1	Disagree 2	Slightly disagree 3	Neither 4	Slightly agree 5	Agree 6	Strongly agree 7
1. Poor people without jobs could easily find work but remain unemployed because they think that jobs like food service or retail are beneath them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Social welfare programs provide poor people with an excuse not to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Most poor people are poor because they are unable to manage their expenses well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Raising the minimum wage takes away the motivation for poor people to strive for better paying jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall, Whites are the most successful racial group because they work the hardest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Raising minimum wage would hurt businesses and make it too hard for them to provide jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Asian Canadians are proof that any minority can succeed in this country.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Preferential treatment (e.g., financial aid, admissions) to college students that come from poor families is unfair to those who come from middle or upper class families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please read each of the following statements. Using the 1-7 scale, please rate your level of agreement with each statement.

CCC 3 Heterosexism	Strongly disagree 1	Disagree 2	Slightly disagree 3	Neither 4	Slightly agree 5	Agree 6	Strongly agree 7
1. Anyone who openly identifies as LGBTQ2S+ in today's society must be very courageous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.. LGBTQ2S+ individuals should be able to adopt children just as easily as heterosexual people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.. Discrimination against LGBTQ2S+ persons is still a significant problem in Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I support including sexual orientation in nondiscrimination legislation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. LGBTQ2S+ individuals should have all the same opportunities in our society as straight people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I believe society generally promotes hatred of LGBTQ2S+ individuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Shin, R. Q., Ezeofor, I., Smith, L. & Welch, J. (2016). The development and validation of the critical consciousness scale. Journal of Counseling Psychology, 63, 210–223. DOI: 10.1037/cou0000137

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

 Organization:

 Program:

 Activity:



Critical Consciousness Scale

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15-20 minutes to fill out. It has 22 questions.

Please respond to the following statements by choosing how much you agree or disagree with each statement.

CCS 1 Critical reflection: perceived inequality	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
1. Certain racial or ethnic groups have fewer chances to get a good high school education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Poor children have fewer chances to get a good high school education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Certain racial or ethnic groups have fewer chances to get good jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Women have fewer chances to get good jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor people have fewer chances to get good jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Certain racial or ethnic groups have fewer chances to get ahead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Women have fewer chances to get ahead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Poor people have fewer chances to get ahead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to the following statements by choosing how much you agree or disagree with each statement.

CCS 2 Critical reflection: egalitarianism	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
1. It is a good thing that certain groups are at the top and other groups are at the bottom (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It would be good if groups could be equal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Group equality should be our ideal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. All groups should be given an equal chance in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. We would have fewer problems if we treated people more equally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please respond to the following statements by choosing how often you were involved in each activity in the last year.

CCS 3 Critical action: socio-political participation	Never did this (1)	Once or twice last year (2)	Once every few months (3)	At least once a month (4)	At least once a week (5)
1. Participated in a civil rights group or organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Participated in a political party, club or organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Wrote a letter to a school, community newspaper, or publication about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Contacted a public official by phone, mail, or email to tell him or her how you felt about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Joined in a protest march, political demonstration, or political meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Worked on a political campaign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Participated in a discussion about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Signed an email or written petition about a social or political issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Participated in a human rights, gay rights, or women's rights organization or group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Diemer, M. A., Rapa, L. J., Park, C. J., Perry, J. C. (2017). *Development and validation of the critical consciousness scale*. *Youth & Society*, 49, 461-483. DOI: 10.1177/0044118X14538289

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Basic Need Satisfaction General Scale (BNGS)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-20 minutes to fill out. It has 21 questions.

Please read each of the following statements carefully, thinking about how it relates to your life, and then indicate how true it is for you.

BNGS 1 Autonomy	Not at all true						Very true
	1	2	3	4	5	6	7
1. I feel like I am free to decide for myself how to live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel pressured in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I generally feel free to express my ideas and opinions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In my daily life, I frequently have to do what I am told.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People I interact with on a daily basis tend to take my feelings into consideration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel like I can pretty much be myself in my daily situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. There is not much opportunity for me to decide for myself how to do things in my daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please read each of the following statements carefully, thinking about how it relates to your life, and then indicate how true it is for you.

BNGS 2 Relatedness	Not at all true						Very true
	1	2	3	4	5	6	7
1. I really like the people I interact with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get along with people I come into contact with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I pretty much keep to myself and don't have a lot of social contacts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I consider the people I regularly interact with to be my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People in my life care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are not many people that I am close to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The people I interact with regularly do not seem to like me much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. People are generally pretty friendly towards me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Please read each of the following statements carefully, thinking about how it relates to your life, and then indicate how true it is for you.

BNGS 3 Competence	Not at all true 1	2	3	4	5	6	Very true 7
1. Often, I do not feel very competent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. People I know tell me I am good at what I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have been able to learn interesting new skills recently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Most days I feel a sense of accomplishment from what I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In my life I do not get much of a chance to show how capable I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I often do not feel very capable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Johnston, M. M., & Finney, S. J. (2010). *Measuring basic needs satisfaction: Evaluating previous research and conducting new psychometric evaluations of the Basic Needs Satisfaction in General Scale*. *Contemporary Educational Psychology, 35*(4), 280-296.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Justice (Police)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15 minutes to fill out. It has 20 questions.

How much do you agree with the following statements?

JP 1 Police legitimacy	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have confidence in police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Everyone should always follow the directions of police officers even if they go against what they think is right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If I have a problem, I would seek help from police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Police relationships with young people are very good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have great respect for police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Police abuse their power. (reverse coded).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

JP 2 Procedural justice	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Police treat young people differently from the way they treat adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It depends on what mood a police officer is in whether they tell you off or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Police use unfair methods to get information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If it's your word against a police officer's they will always win.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree with the following statements?

JP 3 Youth-police relationships	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. There is a lot of disharmony between young people and police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Police relationships with young people are very good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hinds, L. (2007). Building police-youth relationships: The importance of procedural justice. *Youth Justice*, 7, 196-209. DOI: 10.1177/1473225407082510

Continued on next page.

How much do you agree with the following statements?

JP 4 Perceptions of police	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. The police will only use lawful means to combat crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The police do a good job of stopping crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The police spend most of their time going after people who commit petty crimes and ignore most of the bad things going on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The police are more likely to use physical force against minority people than Whites.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The police are more likely to use physical force against aboriginal people than Whites.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Police always respond promptly when called.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Officers are usually fair.					
8. Officers are usually courteous.					

Source: Chow, H. P. H. (2012). Attitudes towards police in Canada: A study of perceptions of University students in a Western Canadian city. International Journal of Criminal Justice Sciences, 7, 508-523.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Cultural Congruity Scale

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 10-12 minutes to fill out. It has 13 questions.

For each of the following questions, indicate the extent to which you have experienced the feeling or situation.

CCS 1 Cultural congruity	Not at all 1 <----	2	3	4	5	6	A great deal ----> 7
1. I feel that I have to change myself to fit in at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I try not to show the parts of me that are "ethnically" based.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I often feel like a chameleon, having to change myself depending on the ethnicity of the person I am with at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that my ethnicity is incompatible with other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can talk to my friends at school about my family and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel I am leaving my family values behind by going to college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My ethnic values are in conflict with what is expected at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can talk to my family about my friends from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel that my language and/or appearance make it hard for me to fit in with other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My family and school values often conflict.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel accepted at school as an ethnic minority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. As an ethnic minority, I feel as if I belong on this campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I can talk to my family about my struggles and concerns at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Gloria, A. M., & Robinson Kurpius, S.E., (1996). *The validation of the cultural congruity scale and the university environment scale with Chicano/a students.* *Hispanic Journal of Behavioral Sciences*, 18(4), 533-549.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

School Climate for Diversity Scale

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15-18 minutes to fill out. It has 17 questions.

Think about your school. How true are the following statements?

SCDS 1 Cultural socialization	Not true at all					Completely true
	1	2	3	4	5	
1. At your school, you have chances to learn about the history and traditions of your culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. At your school, you have participated in activities that teach you more about your cultural background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. In your classes, you have learned new things about your culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Think about your school. How true are the following statements?

SCDS 2 Promotion of cultural competence	Not true at all					Completely true
	1	2	3	4	5	
1. You have learned about new cultures and traditions at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. You have the chance to learn about the culture of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. In school, you get to do things that help you learn about people of different races and cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Your classes teach you about diverse cultures and traditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Your textbooks show people of many different races/ ethnicities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. At your school, they encourage you to learn about different cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Think about your school. How true are the following statements?

SCDS 3 Support for positive interaction	Not true at all					Completely true
	1	2	3	4	5	
1. Teachers encourage students to make friends with students of different races/ethnicities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. The principals like for students to have friends of different races/ethnicities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Students here think it is good to study with people of different races/ethnicities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Teachers and principals say it is good to be a diverse school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Continued on next page.

Think about your school. How true are the following statements?

SCDS 4 Critical consciousness socialization	Not true at all 1	2	3	4	Completely true 5
1. Teachers teach about racial inequality in Canada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In your classes, you have learned about how race/ethnicity plays a role in who is successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. You have opportunities to learn about social justice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Your teachers encourage awareness of social issues affecting your culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Byrd, C. M. (2016). *Does culturally relevant teaching work? An examination from student perspectives*. SAGE Open. DOI: 10.1177/2158244016660744

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Integration of Indigenous Culture and Language

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 8 minutes to fill out. It has 12 questions.

Please read each statement carefully, and choose your answer based on how much you agree or disagree.

IICL 1 Integration of Indigenous culture and language	Strongly disagree	Disagree	Agree	Strongly agree
1. Indigenous art is displayed at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My school offers land-based education opportunities (e.g., learn about drying hides, fishing, medicine teachings).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have opportunities at my school to learn an Indigenous language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I learn about the history of colonization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I learn about the history of residential schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Elders visit my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My school offers opportunities to learn traditional activities (e.g. drumming, beading, dancing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My school recognizes and celebrates National Indigenous Peoples Day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My school recognizes traditional ways of learning (e.g. storytelling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My school hosts traditional feasts and/or powwows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My school has books by Indigenous authors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My school has books on Indigenous stories and folktales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Paupanekis, E., Murray, J., Rempel, K., Lounatvuori, A., & Lawrence, B. (2019). *Indicators of student success: Teacher handbook*. Brandon, Manitoba, Canada: Brandon University Centre for Aboriginal and Rural Education Studies.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Everyday Discrimination - Shortened

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 4 minutes to fill out. It has 6 questions.

In your day-to-day life how often have any of the following things happened to you?

EDS 1 Everyday discrimination	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
1. You are treated with less courtesy or respect than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You receive poorer service than other people at restaurants or stores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People act as if they think you are not smart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People act as if they are afraid of you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. You are threatened or harassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What do you think is the main reason for these experiences? Check all that apply.

- Your Ancestry or National Origins
- Your Gender
- Your Race
- Your Age
- Your Religion
- Your Height
- Your Weight
- Some other Aspect of Your Physical Appearance
- Your Sexual Orientation
- Your Education or Income Level
- A physical disability
- Your shade of skin colour (NSAL)
- Your tribe (SASH)

Source: Williams, D.R., Yu, Y., Jackson, J.S., and Anderson, N.B. "Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination." *Journal of Health Psychology*. 1997; 2(3):335-351.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth Anti-Racism Action Scale

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15 minutes to fill out. It has 18 questions.

In the past 2 months, have you done the following:

YAR 1 Interpersonal action	Yes	No
1. Challenged or checked a friend who uses a racial slur or makes a racial joke	<input type="radio"/>	<input type="radio"/>
2. Challenged or checked a family member who uses a racial slur or makes a racial joke	<input type="radio"/>	<input type="radio"/>
3. Challenged or checked an adult who uses a racial slur or makes a racial joke who is not a family member (i.e. parent's friend, coach, boss, teacher, etc.)	<input type="radio"/>	<input type="radio"/>
4. Defended a friend who is the target of a racial slur or joke	<input type="radio"/>	<input type="radio"/>
5. Defended a stranger who is the target of a racial slur or joke	<input type="radio"/>	<input type="radio"/>
6. Challenged or checked myself before using a racial slur or making a racial joke	<input type="radio"/>	<input type="radio"/>
7. Talked with friends about issues of race, ethnicity, discrimination and/or segregation	<input type="radio"/>	<input type="radio"/>

In the past 2 months, have you done the following:

YAR 2 Communal action	Yes	No
1. Attended a meeting on an issue related to race, ethnicity, discrimination, and/or segregation	<input type="radio"/>	<input type="radio"/>
2. Joined a club or group working on issues related to race, ethnicity, discrimination, and/or segregation.	<input type="radio"/>	<input type="radio"/>
3. Tried to get into a leadership role or committee (i.e. student council, etc)	<input type="radio"/>	<input type="radio"/>
4. Participated in a leadership group or committee working on issues related to race, ethnicity, discrimination, and/or segregation (i.e. youth organizing group) etc	<input type="radio"/>	<input type="radio"/>

In the past 2 months, have you done the following:

YAR 3 Political change action	Yes	No
1. Called/written/emailed the media (i.e. newspaper, TV, internet) when you have seen something that is offensive	<input type="radio"/>	<input type="radio"/>
2. Called/written/emailed an elected official (i.e. city council, mayor, legislator)	<input type="radio"/>	<input type="radio"/>
3. Attended a protest on an issue related to race, ethnicity, discrimination and/or segregation	<input type="radio"/>	<input type="radio"/>
4. Organized your own action project on an issue related to race, ethnicity, discrimination and/or segregation	<input type="radio"/>	<input type="radio"/>
5. Invited someone to a meeting or protest related to race, ethnicity, discrimination, and/or segregation	<input type="radio"/>	<input type="radio"/>
6. Inspired others to work on issues related to race, ethnicity, discrimination, and/or segregation	<input type="radio"/>	<input type="radio"/>
7. Researched/investigated issues or social problems in my community	<input type="radio"/>	<input type="radio"/>

Source: Aldana, A., Banales, J., & Richards-Schuster. (2019). *Youth anti-racist engagement: Conceptualization, development, and validation of an anti-racism action scale*. *Adolescent Research Review*, 1. DOI: 10.1007/s40894-019-00113-1

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Girl-centered Collaborative Evaluation

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 8-10 minutes to fill out. It has 10 questions.

Since you began the program...

GCE 1 Self-esteem and self-confidence	A lot better	A little bit better	About the same	Worse	Not sure
1. Are you able to better see what your strengths and skills are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel better about who you are and the things that you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since you began the program...

GCE 2 Connectedness	A lot better	A little bit better	About the same	Worse	Not sure
1. Are you better able to reach out to people you trust for support when you need it (adults or other young people)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel like you are less lonely or belong more – either to a group of girls your own age, or to your school, or others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since you began the program...

GCE 3 Critical thinking	A lot better	A little bit better	About the same	Worse	Not sure
1. Do you think you are better at questioning the world around you and your place in it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you think you are better able to accept that decisions you make may not always be popular with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since you began the program...

GCE 4 Communication	A lot better	A little bit better	About the same	Worse	Not sure
1. Are you better able to find your voice and express yourself in different ways (artistic, writing, talking, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are you better able to express your feelings, thoughts, and opinions openly even when someone might disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since you began the program...

GCE 5 Resilience	A lot better	A little bit better	About the same	Worse	Not sure
1. Are you better able to try new things and pursue your interests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel better able to pick yourself up and try again when things don't work out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Girls Action Foundation. (2015). *Learning to measure change: Summary report of a girl-centered collaborative evaluation project*. Montreal, QC: Girls Action Foundation.

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Consistent Use of Healthy Relationships Skills Scales

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 5 minutes to fill out. It has 5 questions.

How often have you used each of these skills in the past month? If you are currently dating, focus on your relationship(s) with the person/people you are currently dating. If you are not currently dating, focus on your relationships with other people your age.

SP 1 Consistent use of healthy relationships skills	Never	Rarely	Very often	Always
1. Trying to understand and respect the other person's feelings and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Using calm, non-violent ways to deal with disagreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Respecting the other person's boundaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Communicating feelings and needs clearly and respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Making decisions that you know are good for you in relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Levesque, D. A., Johnson, J. L., Welch, C. A., Prochaska, J. M., Paiva, A. L. (2016). *Psychological Violence*, 6, 421-432. DOI: 10.1037/vio0000049

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Dating History

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 8 questions.

DH 1 Dating history	
1. Are you currently dating? Dating is defined as the kind of relationship where you like a person, they like you back, and other people know that you are together.	<input type="checkbox"/> No <input type="checkbox"/> Yes, one person <input type="checkbox"/> Yes, I multiple people
2. How many people have you dated in the past <input type="text"/> [Insert appropriate number for the program] months?. Please insert number.	#
3. How many people have you dated in the last month? Please insert number.	#
4. What is the longest amount of time you have been in a dating relationship? Please answer in months, or in years + months.	#
5. Are you currently hooking-up? Hooking up is defined as any intimacy you had with someone outside of a committed (or dating?) relationship and outside of platonic friends.	<input type="checkbox"/> No <input type="checkbox"/> Yes, with one person <input type="checkbox"/> Yes, with multiple people
6. How many people have you hooked up with in the past <input type="text"/> [Insert appropriate number for the program] ¹ months?	#
7. How many people have you hooked up with in the past month? Please insert number.	#
8. What is the longest amount of time you were hooking up with someone? Please answer in months, or in years + months.	#

Source: Reidy, D. E., Ball, B., Houry, D., Holland, K. M., Valle, L. A., Kearns, M. C., Marshall, K. J., & Rosenbluth, B. (2016). In search of teen dating violence typologies. *Journal of Adolescent Health, 58*, 202-207. DOI: 10.1016/j.jadohealth.2015.09.028

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

¹ Appropriate interval determined by timepoint, depending on program duration.

ID:

Perception of Influence

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 3 minutes to fill out. It has 4 questions.

POI 1 Self-reported influence	Not at all	Slightly	Very	Extremely
1. How influential do you think you are within your friend group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How influential do you think you are outside of your friend group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How influential do you think your friend group is to other groups?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How confident are you in your ability to motivate other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: The Students Commission of Canada. (2019). Perceptions of Influence scale. Toronto, ON: The Students Commission of Canada.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Influencers Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 6 questions.

IS 1 Identifying influencers

Who do you respect [in your grade/program]?

Who is a good leader in sports and other group activities in your [grade/program]?

Who is another good leader in sports and other group activities in your [grade/program]?

Who do you look up to in your [grade/program]?

IS 2 Social identity

What group do you consider yourself a part of? (please select all that apply)

- | | | | |
|---|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Honour roll/brainers | <input type="checkbox"/> Jocks | <input type="checkbox"/> Troublemakers | <input type="checkbox"/> Alternative |
| <input type="checkbox"/> Band/artsy | <input type="checkbox"/> Cool kids | <input type="checkbox"/> Stoners | <input type="checkbox"/> Other |

If Other, please specify group(s):

If you are on social media (e.g., Facebook, Instagram, twitter), how many friends/followers do you have?

Source: The Centre of Excellence for Youth Engagement (2012)

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Acceptance of Couple Violence

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 11 questions.

Please choose the answer that best fits your beliefs.

ACV 1 Male on female violence	Strongly disagree	Disagree	Agree	Strongly agree
1. A boy angry enough to hit his girlfriend must love her very much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Girls sometimes deserve to be hit by boys they date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. A girl who makes her boyfriend jealous on purpose deserves to be hit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the answer that best fits your beliefs.

ACV 2 Female on male violence	Strongly disagree	Disagree	Agree	Strongly agree
1. Boys sometimes deserve to be hit by girls they date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A girl angry enough to hit her boyfriend must love him very much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A boy who makes his girlfriend jealous on purpose deserves to be hit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please choose the answer that best fits your beliefs.

ACV 3 Acceptance of general dating violence	Strongly disagree	Disagree	Agree	Strongly agree
1. Violence between dating partners can improve the relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There are times when violence between dating partners is okay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sometimes violence is the only way to express your feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Some couples must use violence to solve their problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Violence between dating partners is a personal matter and people should not interfere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Foshee V, Fothergill K, Stuart J. (1992). *Results from the Teenage Dating Abuse Study conducted in Githens Middle School and Southern High Schools. Technical Report.* Chapel Hill, NC: University of North Carolina. (Unpublished)

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Gender Norms in Early Adolescence

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 30 minutes to fill out. It has 37 questions.

How much do you agree or disagree with the following statements?

GNEA 1 Boys have girlfriends for social gain	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
1. Boys have girlfriends to show off to their friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Boys should have girlfriends to discover love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Boys feel they should have girlfriends because their friends do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Boys have girlfriends for fun more than love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Boys tell girls they love them when they don't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Boys lose interest in a girl after they have sex with her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Boys fool girls into having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

GNEA 2 Boys are naturally attracted to girls	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
1. Boys are supposed to be attracted to girls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's in boys' nature to chase girls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Boys generally compete for the prettiest girls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Boys like girls who wear revealing clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

GNEA 3 Girls' responsibility to avoid boys' interest	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
1. Girls should cover up or they will attract unwanted sexual attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Girls should be careful about the way they look so they are not seen as trying to seduce men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It's a girl's fault if boys come onto them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Girls wear short dresses to get boys' attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

How much do you agree or disagree with the following statements?

GNEA 4 Girls should keep boys at a distance or they will get in trouble	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
1. Girls should keep boys at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's not good for a girl to spend time alone with a boy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Girls often get into "trouble" when they have boyfriends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Girls who have boyfriends are irresponsible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Girls should be aware that boys can take advantage of them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Girls are the victims of rumours if they have boyfriends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. A girl will lose interest in studying if she has a boyfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

GNEA 5 Hetero-normative relationships for boys	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
1. It's ok for a boy your age to be in a relationship with a girl as more than just friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Boys judge girls on their character rather than on their looks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It's ok for a boy to have a lot of girlfriends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It's ok for a boy to have more than one girlfriend at a time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It's ok for a boy and girl your age to talk and spend time together alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It's ok for a boy your age to talk and spend time with a girl alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

GNEA 6 Hetero-normative relationships for girls	Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
1. It's ok for a girl to have more than one boyfriend at the same time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's normal for a girl to want a boyfriend at your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Girls who have boyfriends are popular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. A girl can have a boyfriend as long as she continues working well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It's ok for a girl your age to be in a relationship with a boy as more than just friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Moreau, C., Li, M., De Meyer, S., Manh, L. V., Guiella, G., Acharya, R., Bello, B., Maina, B., Mmari, K. (2019). *Measuring gender norms about relationships in early adolescence: Results from the global early adolescent study. Population Health, 7.*

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

TSDV Knowledge Items

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15-18 minutes to fill out. It has 20 questions.

Please read the following list and indicate whether you consider each item a form of violence.

TKI Perception of violence	Yes (1)	No (2)
1. Controlling what you wear	<input type="radio"/>	<input type="radio"/>
2. Taking unwanted sexual photographs	<input type="radio"/>	<input type="radio"/>
3. Watching and controlling what you do on your personal webpages on the internet	<input type="radio"/>	<input type="radio"/>
4. Physically forcing you to have intercourse (rape)	<input type="radio"/>	<input type="radio"/>
5. Scratching you	<input type="radio"/>	<input type="radio"/>
6. Forcing you to touch him/her when you do not want to	<input type="radio"/>	<input type="radio"/>
7. Grabbing you suddenly	<input type="radio"/>	<input type="radio"/>
8. Pushing you	<input type="radio"/>	<input type="radio"/>
9. Using a weapon against you in order to cause physical harm	<input type="radio"/>	<input type="radio"/>
10. Twisting your arm	<input type="radio"/>	<input type="radio"/>
11. Touching you sexually / inappropriately without your consent (not using force)	<input type="radio"/>	<input type="radio"/>
12. Punching you	<input type="radio"/>	<input type="radio"/>
13. Physically forcing you to perform sexual acts to them that you do not want to do	<input type="radio"/>	<input type="radio"/>
14. Telling you how much time you can spend with others	<input type="radio"/>	<input type="radio"/>
15. Spreading rumors about you	<input type="radio"/>	<input type="radio"/>
16. Lying to you and telling you things that are false so you will advance in your sexual relationship faster (example, that they love you)	<input type="radio"/>	<input type="radio"/>
17. Burning you	<input type="radio"/>	<input type="radio"/>
18. Hitting you with an object	<input type="radio"/>	<input type="radio"/>
19. Emotionally pressuring you to have sexual intercourse until you just give in (example, telling you that you must not care about him/her enough)	<input type="radio"/>	<input type="radio"/>
20. Forcing you to have sexual intercourse without protection	<input type="radio"/>	<input type="radio"/>

Sources: Emelianchik-Key, K., Hays, D. G., & Hill, T. (2017). *Initial development of the teen screen for dating violence: Exploratory factor analysis, Rasch model, and psychometric data. Measurement and Evaluation in Counseling and Development*, 51, 16-31.

Emelianchik-Key, K., Colvin, K. F. (2019). *The Teen Screen for Dating Violence: An item response theory analysis. Journal of Interpersonal Violence*, 1-23. DOI: 10.1177/086260519863723

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Your Feedback

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Organization:

Program:

Activity:

ID:

TDV Items

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 3 minutes to fill out. It has 4 questions.

Please indicate how many times you experienced the following in the past 12 months.

TDVI 1 Violence-related behaviors	I did not date or go out with anyone during the past 12 months	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 12 months, how many times did you do the following to someone you were dating or going out with: force them to do sexual things that they did not want to do? (Count such things as kissing, touching, or physically forcing them to have sexual intercourse.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 12 months, how many times did you do the following to someone you were dating or going out with (don't count it if you did it in self-defense): physically hurt them on purpose? (Count such things as hitting, slamming into something, or injuring with an object or weapon.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Rothman, E.F., & Xuan, Z. (2012, March). Assessing the prevalence of dating violence using national and state YRBS data from 1999-2009: What we've learned, and how we might improve the YRBS question going forward. Paper presented at the Futures Without Violence 2012 Conference on Healthcare and Domestic Violence, San Francisco, CA.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Sexual Harassment/Dating Abuse Items

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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This module will take you about 15 minutes to fill out. It has 18 questions.

In the past 9 months since [insert month], how often did you do the following to someone using mobile apps, social networks, texts, or other digital communication? How often did you...

SHDA 1 Cyber sexual abuse	Never	A few times	Once or twice a week	Every day or almost every day
1. ...try to get them to talk about sex when they did not want to...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...ask them to do something sexual that they did not want to do...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...post or publicly share a nude or semi-nude picture of them...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 9 months since [insert month], how often have you done the following things to someone when they did not want you to?

SHDA 2 Sexual harassment	Never	A few times	Once or twice a week	Every day or almost every day
1. Made unwelcome sexual comments, jokes, gestures, or looks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Showed, gave, or left sexual pictures, drawings, messages, or notes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Spread sexual rumors about them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Touched, grabbed, or pinched them in a sexual way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Forced them to kiss you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have YOU done any of the following to someone you were going out with (like he or she was your partner/girlfriend/boyfriend, you were dating them) or hooking up with:

SHDA 3 Dating abuse	No, I have never done this to someone I was in a relationship with	Yes, I have done this in the past 9 months	Yes, I have done this, but not in the past 9 months
1. Spread rumors about their sexual reputation, like telling people they're 'easy'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Convinced them to have sex, after they had said no a few times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Made them have sex when they didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Physically hurt them (like shoving, grabbing, slapping, punching, choking).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Threatened to hurt them if they didn't do what you wanted them to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Yelled at them or destroyed something that belonged to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Called them names, like ugly or stupid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Told them not to talk to others or told them who they could hang out with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Showed friends or posted pictures of them naked or doing something sexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Talked about what you and your partner do sexually with your friends or peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Abebe, K. Z., Jones, K. A., Culyba, A. J., Feliz, N. B., Anderson, H. et al. (2018). Engendering healthy masculinities to prevent sexual violence: Rationale for design of the Manhood 2.0 trial. Contemporary Clinical Trials, 71, 18-32.doi:10.1016/j.cct.2018.05.017

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Your Feedback

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Organization:

Program:

Activity:

ID:

Positive Bystander Intervention Behaviours

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5 minutes to fill out. It has 9 questions.

The following questions ask about specific behaviours that you may have seen or heard among your male peers or friends. If you experienced this at least once in the past 3 months, how did you respond?

PBIB 1 Positive bystander intervention behaviours	I have not experienced this in the past 3 months.	I didn't say anything.	I told the person in public that acting like that was not okay.	I laughed or went along with it	I told the person in private that acting like that was not okay.	I talked to an important adult about it privately (like youth leader, teacher, coach).
1. Making rude or disrespectful comments about a girl's body, clothing, or make-up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Spreading rumors about a girl's sexual reputation, like saying "she's easy."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Telling sexual jokes that disrespect women and girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Bragging about what they and their girlfriend do sexually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Showing other people sexual messages or naked/sexual pictures of a girl on a cell phone or the internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Doing unwelcome or uninvited things toward a girl (or group of girls) such as howling, whistling, or making sexual gestures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Fighting with a girl where he's starting to cuss at or threaten her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Taking sexual advantage of a girl (like touching, kissing, having sex with) who is drunk, high from drugs, or passed out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Showing, grabbing, or otherwise physically hurting a girl.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Abebe, K. Z., Jones, K. A., Culyba, A. J., Feliz, N. B., Anderson, H. et al. (2018). Engendering healthy masculinities to prevent sexual violence: Rationale for and design of the Manhood 2.0 trial. *Contemporary Clinical Trials*, 71, 18-32. doi:10.1016/j.cct.2018.05.017

Your Feedback

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Organization:

Program:

Activity:

ID:

Dating Relationships

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

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- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 25-30 minutes to fill out. It has 38 questions.

Please rate each of the following actions towards a girlfriend or boyfriend as not abusive, a little abusive, somewhat abusive, very abusive or extremely abusive.

DR 1 Recognition of Adolescent Relationship Abuse	Not abusive	A little abusive	Somewhat abusive	Very abusive	Extremely abusive
1. Name calling or insulting them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Telling them they're ugly or stupid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Making fun of them in front of other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Telling them what to do all the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Telling them which friends they can and can't see or talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pressuring them not to break up with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Not listening to what they have to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trying to convince them to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Preventing them from leaving a room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Keeping tabs on them or spying on them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Threatening to hit them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Forcing them to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following statements from strongly disagree to strongly agree.

DR 2 Gender-equitable attitudes	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. A guy takes responsibility for his actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A guy never needs to hit another guy to get respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A girl wearing revealing clothing deserves to have comments made about her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It bothers me when a guy acts like a girl.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Guys should sleep with as many girls as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If a guy tells people his worries, he will look weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In a good dating relationship, the guy gets his way most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Guys should only have sex with girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I can respect a guy who backs down from a fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would be friends with a guy who is gay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A guy should share in household chores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If a girl is raped it is often because she did not say "no" clearly enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Guys put women and children first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Think about your longest dating partner in the past 3 months. This can be a past or current relationship.

DR 3 Dating history	About once a month	About once a week	Several times a week	Daily
1. How often did you and this dating partner spend time together in the past 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR 3 Dating history	Never	We were usually with other friends	Sometimes all alone	Mostly all alone	Always all alone
2. How much time did you and this partner spend together all alone in the past 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR 3 Dating history	I had more power	My dating partner had more power	We had equal power
3. Who do you feel had more power in this dating relationship in the past 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR 3 Dating history	Not much, we mostly held hands	A little, we hugged or kissed sometimes	A lot, but there were things we didn't do	There was not much my partner and I didn't do to show each other physical affection
4. How physically affectionate were you and your partner in the past 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

By dating partner, we're talking about a boyfriend or girlfriend, someone you go out with or hang out with in a romantic way, or someone you hook up with.

In the past 3 months, how often did the following things happen in your dating relationship(s)?

DR 4 Healthy relationships behaviours	Never	Rarely	Sometimes	Often
1. I let my partner know what was important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I said "no" when I was uncomfortable with what was going on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I calmed myself down before talking when I was mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I talked to my partner about how I really felt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I let my partner know what I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I told my partner when I was angry and why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I asked my partner what he/she was feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I offered a solution that would make us both happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I listened to my partner's side of the story.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: Reidy, D. E., Ball, B., Houry, D., Holland, K. M., Valle, L. A., Kearns, M. C., Marshall, K. J., & Rosenbluth, B. (2016). In search of teen dating violence typologies. *Journal of Adolescent Health, 58*, 202-207. DOI: 10.1016/j.jadohealth.2015.09.028

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Youth Homelessness Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15 minutes to fill out. It has 21 questions.

INDIVIDUAL

YHS 1 Experiences of homelessness

1. Have you ever experienced an episode(s) of homelessness? (Select all that apply)

- | | |
|---|-----------------------|
| I've lived on the streets | <input type="radio"/> |
| I've lived in overnight emergency shelters | <input type="radio"/> |
| I've lived in a car, mobile home, RV, or temporarily with friends/relatives (couch surfing) | <input type="radio"/> |
| I've been housed in inadequate (substandard, overcrowded or unsafe) housing and/or insecure housing where I felt at risk of losing my housing | <input type="radio"/> |
| I've being continually homeless for a year or more, or at least four episodes of homelessness in the past three years | <input type="radio"/> |
| I've never experienced any episodes of homelessness | <input type="radio"/> |

YHS 1 Experiences of homelessness

2. If you have experienced any type of homelessness? How long did your longest episode of homelessness last? (Select only one)

- | | |
|--|-----------------------|
| Newly homeless (I've been homeless for 3 months or less and have not had any other episodes of homelessness in the last 5 years.) | <input type="radio"/> |
| Moderate history of homelessness (I've been homeless for 1-2 months, with few opportunities for housing at present.) | <input type="radio"/> |
| No history of homelessness (I've not had any experiences with homelessness.) | <input type="radio"/> |
| Chronic history of homelessness (I've been homeless for 1+ year or has had at least 4 episodes of homelessness within the last 3 years; may have no other options for housing due to history, personal circumstances, ability to participate in the housing process, etc.) | <input type="radio"/> |

YHS 1 Experiences of homelessness

3. When did you encounter your first homeless experience? (Select only one)

- | | |
|-------------------|-----------------------|
| 0-4 years old | <input type="radio"/> |
| 5-9 years old | <input type="radio"/> |
| 10 – 12 years old | <input type="radio"/> |
| 13 – 15 years old | <input type="radio"/> |
| 16 – 17 years old | <input type="radio"/> |
| 18 – 21 years old | <input type="radio"/> |
| 21 – 24 years old | <input type="radio"/> |
| 25 + years old | <input type="radio"/> |

Continued on next page.

YHS 1 new Experiences of homelessness

4. Where are the main locations you've been sleeping at? (past 6 weeks) (Select all that apply)

Friends (couch surfing)	<input type="checkbox"/>
Apartment, house renter/ owner (or living with biological/adoptive parents)	<input type="checkbox"/>
Parking lot	<input type="checkbox"/>
Shelter	<input type="checkbox"/>
Park	<input type="checkbox"/>
Hotel/motel	<input type="checkbox"/>
Car/Van/RV	<input type="checkbox"/>
Streets/sidewalk	<input type="checkbox"/>
Stairways/doorway	<input type="checkbox"/>
Other:	

YHS 1 new Experiences of homelessness

Very safe Moderately safe Safe Unsafe Very unsafe

5. Based on your response to the question above, how safe would you rate the locations you've been sleeping at? (past 6 weeks) (Select only one)

Comments:

YHS 2 Factors leading to homelessness

1. What has contributed to cause episodes of homelessness in your life? (What has caused you to experience homelessness?) (Select all that apply)

Relationship factors:		Institutional Failures:	
Family violence (e.g., abuse, domestic violence)	<input type="checkbox"/>	Inadequate supports for transitioning out of the foster care system, out of jail/youth detention/prison, from mental health care facilities	<input type="checkbox"/>
Parents' mental health issues	<input type="checkbox"/>	Uncaring and unsafe foster care or group homes	<input type="checkbox"/>
Parents' addictions	<input type="checkbox"/>	Inadequate mental health support	<input type="checkbox"/>
Parental neglect	<input type="checkbox"/>	Incarceration (jail time)	<input type="checkbox"/>
Youth mental health issues	<input type="checkbox"/>	Aging out of the foster care system	<input type="checkbox"/>
Family reactions to sexual orientation	<input type="checkbox"/>		
Break up/ divorce/ separation	<input type="checkbox"/>	Other:	
Argument/ conflict with room mate	<input type="checkbox"/>	Medical or mental illness	<input type="checkbox"/>
		Rebellious attitude	<input type="checkbox"/>
Structural Factors:		Drug/alcohol usage	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	Lost job	<input type="checkbox"/>
Inadequate housing	<input type="checkbox"/>	Natural disaster (fire, flood, etc.)	<input type="checkbox"/>
Lack of access to adequate education	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Lack of supports needed to be successful in school	<input type="checkbox"/>	Lost home in a foreclosure	<input type="checkbox"/>
Discrimination: racism, homophobia, transphobia	<input type="checkbox"/>	Couldn't afford rent/ landlord raised rent	<input type="checkbox"/>
Unsafe/unhealthy living conditions (poor water quality, rodents, infestations, mould, etc.)	<input type="checkbox"/>		

Continued on next page.

Questions #2 and #3 ask about your personal experience with drug and alcohol usage. These questions were intentionally placed in the survey to investigate if drug and alcohol usage are directly linked or contributing factors of homelessness. Your responses are voluntary, and remain entirely confidential.

YHS 2 Factors leading to homelessness	Yes	Prefer not to say	No
2. Have you experimented with drugs and alcohol? (current or past) (Select only one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YHS 2 Factors leading to homelessness					
3. Which substances have you experimented with? (Select all that apply)					
Tobacco	<input type="radio"/>	Cocaine	<input type="radio"/>	DXM – (Cough Syrup)	<input type="radio"/>
Marijuana	<input type="radio"/>	Crack	<input type="radio"/>	MDMA/Ecstasy/Molly	<input type="radio"/>
Psychedelics (LSD (Acid), Magic Mushrooms, Salvia)	<input type="radio"/>	Heroin	<input type="radio"/>	Huffing – (Aerosols, Glue, Paint thinner)	<input type="radio"/>
Alcohol	<input type="radio"/>	Fentanyl	<input type="radio"/>	Methadone	<input type="radio"/>
Benzodiazepines (Xanax, Valium, Ativan)	<input type="radio"/>	Morphine	<input type="radio"/>	Ritalin	<input type="radio"/>
Gabapentin	<input type="radio"/>	PCP	<input type="radio"/>	Other:	
Crystal Meth	<input type="radio"/>	Ketamine	<input type="radio"/>		

YHS 2 Factors leading to homelessness			
4. What do you think prevents people from obtaining permanent housing? (personal experience or opinion) (Select all that apply)			
Can't afford rent/moving costs	<input type="radio"/>	Bad credit	<input type="radio"/>
No job/income	<input type="radio"/>	Eviction record	<input type="radio"/>
No housing in Saskatoon	<input type="radio"/>	Do not want permanent housing	<input type="radio"/>
No housing anywhere	<input type="radio"/>	Criminal record	<input type="radio"/>
No transportation	<input type="radio"/>	No identification	<input type="radio"/>
Landlord's will not accept pets	<input type="radio"/>	Medical and mental health concerns	<input type="radio"/>
Discrimination	<input type="radio"/>	Other:	

SOCIAL

YHS 3 Family/peers experiences of homelessness	0	1-2	3-4	5+
1. How many of your peers or friends have experienced episodes of homelessness? (current or past) (Select only one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions #2 and #3 ask about homelessness within your family. These questions were intentionally placed in the survey to investigate existing generational causes and learnt behaviours of homelessness. Your responses are voluntary, and remain confidential.

YHS 3 Family/peers experiences of homelessness	Yes	No	I don't know	Prefer not to say
2. Have any of your family members experienced episodes of homelessness? (Select only one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

YHS 3 Family/peers experiences of homelessness

3. If you answered yes to the question above, which member of your family has experienced homelessness? (Select all that apply)

Birth/adoptive mom(s)	<input type="radio"/>	Brother(s)/sister(s)	<input type="radio"/>
Birth/adoptive dad(s)	<input type="radio"/>	Partner/spouse	<input type="radio"/>
Step mom	<input type="radio"/>	My child/children	<input type="radio"/>
Step dad	<input type="radio"/>	Aunt(s)/uncle(s)	<input type="radio"/>
Guardian	<input type="radio"/>	Grandmother/grandfather	<input type="radio"/>
Foster parents(s)	<input type="radio"/>	Other:	

YHS 4 Supports

1. What people in your life do you go to when you need support? (Select all that apply)

Parent/Caregiver	<input type="radio"/>	Counsellor	<input type="radio"/>
Sibling – Sister/Brother	<input type="radio"/>	Social Worker	<input type="radio"/>
Friends	<input type="radio"/>	Nobody	<input type="radio"/>
Teacher	<input type="radio"/>	Other:	

YHS 4 Supports

2. How have these supports been useful in your life? (Write your response below)

YHS 4 Supports3. What people in your life do you feel you can't go to when seeking support? (Select all that apply)

Parent/Caregiver	<input type="radio"/>	Counsellor	<input type="radio"/>
Sibling – Sister/Brother	<input type="radio"/>	Social Worker	<input type="radio"/>
Friends	<input type="radio"/>	Nobody	<input type="radio"/>
Teacher	<input type="radio"/>	Other:	

YHS 4 Supports4. What made these supports not useful? (Write your response below)
SYSTEMIC**YHS 5 Support services**1. What services are you aware of in your community when seeking support for housing? (list specific services or programs below)
(Write your response below)

Continued on next page.

YHS 5 Support services

2. What made these services useful? (Write your response below)

YHS 5 Support services

3. Which services in your community do you feel are not useful when seeking support? (Write your response below)

YHS 5 Support services

4. What made these services not useful? (Write your response below)

YHS 5 Support services

5. What services do you wish existed in times that you needed support? (Write your response below)

Adapted from: Gaetz, S., O'Grady, B., Kidd, S. & Schwan, K. (2016). Without a Home: The National Youth Homelessness Survey. Toronto: Canadian Observatory on Homelessness Press.

Allio, L., Clay, C., Glatze, K., Hatchuel Tabernik and Associates. (2015). City of Livermore homelessness survey. Livermore, CA: City of Livermore.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Assessment of Youth and Young Adult Voice at the Agency Level (Y-VAL)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 30 minutes to fill out. It has 40 questions.

Each of the following 8 sections has a set of items that describe what fully developed agency support for youth and young adult voice looks like in a specific area, such as Overall Vision and Mission. For each section, in the bottom row under the scale, please rate how far your agency or organization has come toward matching this « fully developed » description.

1. Overall vision and mission

Y-VAL 1 Commitment to meaningful participation

a) Commitment to meaningful participation

The agency has created a formal statement affirming its commitment to promoting Y/YA leadership and meaningful participation in advising and decision making within the agency

The agency and its leaders assertively communicate this vision to stakeholders—including young people, management and staff.

The agency has engaged in training or other activities designed to help foster meaningful partnerships between young people and adults, create understanding of the value added by including young people's voice in decision making, and facilitate a climate where young people are heard, valued and respected.

1	2	3	4	5	N/A
Least Developed (None of the aspects in place / not true for our agency)		Midway		Fully Developed (All aspects consistently in place / completely true for our agency)	Does not apply or I do not know about this
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 2 Formal policy

b) Formal policy

The agency has developed a formal policy that describes why and how it intends to involve young people in advising and decision making.

This policy describes the types of decision making and advising processes that young people will participate in and the level of decision control they will have.

This policy is developed with young people, agency leaders, management, and staff, and is periodically revisited to reflect new projects and evolving perspectives

The policy is written in language that is accessible to young people.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 3 Culture of partnership					
c) Culture of partnership					
Leaders and staff throughout the agency genuinely view Y/YA as having valuable experience and ideas that can contribute to improving the agency..					
The young people who participate in advising and decision making are welcomed as partners, their experience and insights are seen as valuable, and their ideas and contributions are given attention and respect equal to those generated by adults.					
Young people are safe and supported in bringing their own ideas and issues forward for consideration.					
The agency has been responsive to feedback from young people regarding how the agency can be more supportive of Y/YA voice and participation.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 4 Structure for involvement in decision-making					
d) Structure for involvement in decision making					
The agency has created way(s) to regularly engage young people in advising and decision making about issues that affect Y/YA served or impacted by the agency..					
The range of formal mechanisms may include a Y/YA advisory board, and/or seats for Y/YA on a larger advisory board, management team, or board of directors					
On boards and advisory groups, Y/YA have the same opportunities (e.g., to participate in discussions, to vote, etc.) as other advisers.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 5 Structure for broad engagement					
e) Structure for broad engagement					
There is a group of young people (e.g., Y/YA leadership group, Y/YA advisory board) that meets regularly and includes participants that represent the diversity of the Y/YA served by the agency.					
This group provides opportunities for Y/YA leaders to gather feedback and ideas from a larger group of service participants.					
The Y/YA leaders represent the voices of these group members in agency decision-making processes and report back to the group about these activities					
The activities and priorities of this group are determined by the young people.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 6 Access to decision makers					
f) Access to decision makers					
Y/YA leaders have consistent opportunities to present their ideas directly to high-level decision makers. For example, agency leaders periodically attend the Y/YA advisory board meetings (e.g., for part of the meeting, once per month or quarter, etc.), and/or Y/YA leaders periodically attend management team meetings, and/or young people are regular attendees at advisory board meetings at which decision makers are also present.					
When decision makers are present, there is sufficient time on the agenda to fully discuss and consider ideas and concerns young people have.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 7 Clear roles**g) Clear roles**

The agency provides clear expectations for the young people who participate in advising and decision making.

Responsibilities are identified in leadership role/position descriptions which (1) outline how Y/YA are expected to participate in agency decision-making, (2) describe training or coaching resources to support young people in leadership roles, and (3) explain any related reimbursement, incentives, or recognition.

Y/YA are involved in developing and revising these role descriptions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Y-VAL 8 Assessment of participation efforts**h) Assessment of participation efforts**

The agency conducts self-assessment to evaluate its efforts to support meaningful Y/YA participation.

This includes using a systematic mechanism to get feedback from Y/YA regarding their experiences in advising the agency and participating in decision making, with information gathered in such a way that individual young people cannot be identified and do not experience adverse consequences as a result of giving honest feedback.

The agency uses the findings from this assessment to drive improvements in the agency's efforts to meaningfully include young people's voices at multiple levels.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

2. Collaborative Approach**Y-VAL 9 Collaborative process****a) Collaborative process**

The agency uses best practices to promote young people's meaningful involvement in advising and decision making. For example, there is ample time for discussion, mutual learning, and consensus building prior to making decisions.

Y/YA leaders are regularly engaged from the beginning in discussion and decision-making processes. This includes early formulation of relevant issues and long-term goals that support the agency's mission and operation, as well as the identification of potential strategies and short-term action steps to address these issues and goals.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Y-VAL 10 Respectful partnering**b) Respectful partnering**

During meetings and other activities related to advising and decision making, agency leaders and staff are consistently respectful and responsive to Y/YA ideas and suggestions.

Agency staff and leaders have shown a willingness to act on young people's ideas and to compromise on feasible strategies.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Continued on next page.

Y-VAL 11 Youth, young adult friendly meetings**c) Youth- and young adult-friendly meetings**

The agency has worked with young people to establish good meeting practices that specifically encourage ongoing engagement and active participation by Y/YA.

Good meeting practices include provision of materials in advance, keeping meetings short and efficient, beginning with ice- breakers or sharing time, and taking regular breaks.

Y/YA-friendly protocols may also include scheduling meetings at times and locations that Y/YA can attend, providing adequate context and preparation in advance, and avoiding acronyms and jargon.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 12 Information sharing and communication**d) Information sharing and communication**

Communication pathways have been established between agency staff, leadership, and Y/YA leaders to share relevant information outside of formal meetings.

These pathways are Y/YA-friendly and accessible, and provide Y/YA leaders access to accurate and sufficient information to support their meaningful participation in agency advising and decision-making.]

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 13 Transparency in decision making**e) Transparency in decision making**

Decision-making processes are transparent, and feedback loops are used to regularly inform young people about what course of action was (or was not) taken regarding issues they collaborated on, and why.

The agency explains to young people how and why their participation and ideas may or may not contribute to agency changes. For example, young people are informed if a suggestion requires a policy change that will involve external approvals which may delay or reject a Y/YA-involved decision.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Empowered representatives**Y-VAL 14 Sufficient and consistent representation****a) Sufficient and consistent representation**

The agency successfully and consistently engages multiple Y/YA as leaders in its processes for advising/decision making.

The agency has developed strategies to ensure that these young leaders remain in these roles long enough to develop experience and confidence.

Any vacancies are filled quickly and there is a mechanism to transfer knowledge from outgoing to incoming young leaders.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 15 Appropriate representation**b) Appropriate representation**

Agency advising and decision making processes include young leaders who are current or former recipients of the agency's services and/or are clearly representative of the young people whom the agency or system of care serves or impacts.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 16 Support for thorough preparation**c) Support for thorough preparation**

The young leaders are well-prepared to participate in advisory meetings and other activities related to decision making.

Young people are provided training and coaching to understand meeting processes and to learn about topics that will be discussed.

There is an identified point person who is responsible for providing young leaders with information and support prior to meetings.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 17 Support for meaningful participation**d) Support for meaningful participation**

Meetings follow an agenda that young people have received and prepared for in advance.

Expanded or new topics are not introduced without context and relevance to the agenda, and participants are not asked to advise on unfamiliar topics without adequate clarification or preparation.

There is a point person providing information and support during advisory meetings, and debriefing after meetings.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 18 Leadership development**e) Leadership development**

The agency has created opportunities for young people to develop their individual leadership and participation skills within a community of supportive peers (e.g., Y/YA leadership group, Y/YA advisory board, Y/YA subcommittee, leadership training).

Y/YA who are developing their skills are aware of opportunities to participate in existing advisory or leadership roles and decision-making around policy or practices that impact young people.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page

4. Commitment to facilitation and support of y/ya participation

Y-VAL 19 Dedicated staff time					
a) Dedicated staff time					
The agency employs a young adult(s) with lived experience and relevant skills (or partners with Y/YA-run or Y/YA-driven agency) to support Y/YA participation in leadership activities, advising and decision making.					
Y/YA have significant input in selecting the person for this role. Young people may choose to prioritize demonstrated skills in supporting Y/YA participation over lived experience.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 20 Addressing barriers to participation					
b) Addressing barriers to participation					
The agency understands the barriers that prevent meaningful Y/YA participation, such as meeting times, transportation or child care needs, geographic distance, and/or guardian consent.					
The agency provides resources and reasonable accommodations to creatively support young people's engagement in advising and leadership activities.					
There is a point person within the agency who is responsible for communicating with young people about meeting details (e.g., locations, cancellations) and resolving identified barriers to Y/YA participation.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 21 Stipends and incentives					
c) Stipends and incentives					
Stipends or incentives for Y/YA participation reflect the time Y/YA are investing in these activities, including pre-meeting preparation and travel time, as well as any related transportation and lodging costs.					
The agency works with young people to explore options for stipends/incentives that reflect young people's preferences.					
Non-monetary incentives may include education credits for internships, recognized volunteer or community participation hours, or access to community resources through agency partnerships.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Workforce development and readiness to ensure meaningful participation

Y-VAL 22 Participation in hiring					
a) Participation in hiring					
Young leaders are involved in the process of hiring new staff members who will provide direct services or supports for Y/YA or who will make agency decisions that impact Y/YA (e.g., transition facilitator/care coordinator; Y/YA program director; manager for Y/YA programs).					
The young leaders help develop interview protocols, participate in the interview process, and provide highly-valued stakeholder input in hiring decisions.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 23 Staff training**b) Staff training**

Staff orientation and training clearly communicate the agency's respect for young people's perspectives and commitment to empowering Y/YA participation in decision making, and describe the agency's policies around facilitating and supporting young peoples' participation.

Y/YA are involved in developing and delivering this aspect of the staff orientation training.

All staff are provided professional development opportunities specific to the inclusion of Y/YA voice, collaboration with young people, Y/YA empowerment, and positive Y/YA development approaches.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 24 Responsive staff evaluation**c) Responsive staff evaluation**

There is a process (focus groups, anonymous surveys, etc.) for seeking Y/YA feedback in evaluating the job performance of staff who provide direct services or other program support.

The agency takes this into consideration when completing staff evaluations.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 25 Peer roles**d) Peer roles**

The agency actively develops opportunities for Y/YA who are current or former service recipients—or who have shared lived experiences with service recipients—to be hired by the agency in well-defined and supported roles.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Participation in developing programming/program policies**Y-VAL 26 Programs and practice models****a) Programs and practice models**

Programs and practice models Young people have substantial and systematic input into decisions regarding the selection of appropriate program/practice models used and/or the services made available to young people.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 27 Improving services**b) Improving services**

Young people have ongoing substantial and systematic input into decisions regarding potential changes and improvements to the delivery of program/practice models used and/or the services made available to young people.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 28 Engagement and retention efforts					
c) Engagement and retention efforts					
Young people have meaningful input regarding initiatives to increase engagement and retention.					
For example, Y/YA have input in determining when and where services are offered, developing or selecting outreach strategies, and/or identifying training that staff may need to be more responsive to young people (e.g., Y/YA engagement, Y/YA voice, and lived experience).					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 29 Cultural responsiveness efforts					
d) Cultural responsiveness efforts					
Young people have meaningful input regarding efforts to ensure that services are culturally matched to the Y/YA the agency serves.					
This may include efforts to offer services and materials in specific languages or otherwise adapt program activities or related policies around relevant cultural dimensions.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 30 Respect for youth and young adult culture					
e) Respect for youth and young adult culture					
Young people have substantial and systematic input in efforts to ensure that agency climate, environment and policies are appealing to dimensions of Y/YA culture and consider generational difference.					
This may include Y/YA involvement in social media and communications policy and management, aspects of the physical environment (Y/YA-friendly décor, etc.), policies around Y/YA privacy and confidentiality (where relevant), and developing opportunities for Y/YA community engagement and informal peer support.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Participation in evaluation and ensuring program quality

Y-VAL 31 Feedback on services					
a) Feedback on services					
There is a structure in place to regularly gather confidential feedback from young people receiving services to ensure that programming is meeting the needs of those served.					
Young people do not experience negative consequences as a result of giving honest feedback.					
1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 32 Participation in evaluation activities**b) Participation in evaluation activities**

Young people have substantial and systematic input in choosing and/or adapting the assessment tools and/or processes that are used to evaluate how well the agency is serving youth and young adults.

The agency provides opportunities for young people to participate in other evaluation-related activities, such as data analysis or presentation of findings.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 33 Responsiveness to feedback on services**c) Responsiveness to feedback on services**

Feedback gathered from youth and young adults is systematically incorporated into quality improvement efforts.

This input is taken into consideration when making program decisions that directly impact Y/YA and is weighed at least equally to other stakeholders.

Decision makers report back to Y/YA about whether, how, and why specific Y/YA feedback was acted upon.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 34 Transparency regarding evaluation**d) Transparency regarding evaluation**

Findings from assessments that evaluate how well the agency is serving young people are shared with Y/YA.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Leading initiatives and projects**Y-VAL 35 Support for initiatives led by young people****a) Support for initiatives led by young people**

Support and facilitation is provided to help young people develop and carry out projects they have initiated in collaboration with the agency (e.g., job fair, workshops, advocacy, awareness-raising events).

Support may include financial support, help with fundraising and grant writing, and/or connecting Y/YA to other supports for funding or assistance.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Y-VAL 36 Funding for initiatives**b) Funding for initiatives**

The agency has allocated funding to strategically support and facilitate projects that Y/YA have initiated with the agency.

This funding is flexible so that Y/YA can make decisions about how to use the funds.

1	2	3	4	5	N/A
Least Developed- None		Midway		Fully Developed-All	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

Y-VAL 37 Control of funds

c) Control of funds

Y/YA leaders control or co-control funds they raise or co-raise.

There is transparency regarding these funds (e.g., Y/YA understand that the costs of hosting a fundraising event may be deducted from the amount of funds raised).

1 Least Developed- None	2	3 Midway	4	5 Fully Developed-All	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Overall comments and feedback

What is going best in supporting meaningful Y/YA participation in your agency?

What is most challenging in supporting meaningful Y/YA participation in your agency?

Any other comments or feedback about completing this assessment about your agency?

Credit: Youth MOVE National & Regional Research Institute, Portland State University. (2016). *Assessment of Youth/Young Adult Voice at the Agency Level (Y-VAL)*. For permission to use at no cost, contact info@youthmovenational.org. Do not use without permission. www.youthmovenational.org/yval

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

PPEET Participant Engagement Survey: One Time

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15 minutes to fill out. It has 21 questions.

PPEET OT 1 Participant description

1. What perspective did you bring to [insert name of engagement initiative]. Select all that apply)

Youth/youth advisor/youth partner	<input type="radio"/>
Family member/caregiver	<input type="radio"/>
Staff member	<input type="radio"/>
Community member	<input type="radio"/>
Community partner	<input type="radio"/>
Other, please specify"	<input type="radio"/>

PPEET OT 1 Participant description

2. How long have you been working with [organization] as an employee or patient/family/community advisor?

Less than 6 months	<input type="radio"/>
6-12 months	<input type="radio"/>
1-2 years	<input type="radio"/>
3-4 years	<input type="radio"/>
5 years or more	<input type="radio"/>

Please rate the following statements from strongly disagree to strongly agree.

PPEET OT 2 Engagement communication and support	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I have a clear understanding of the purpose of [insert name of program/activity].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The supports I needed to participate are available (e.g. travel, childcare).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have enough information to contribute to be able to carry out my role..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What else would you like us to know about how your participation in [insert name of program/activity] is supported? Please describe.					

Continued on next page.

PPEET OT 3 Sharing views and perspectives	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I am able to express my views freely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that my views are heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A wide range of views on discussion topics shared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The individuals participating in [insert name of program/activity] represent a broad range of perspectives.					
5. What else would you like us to know about how you are able to share your views? Please describe.					

PPEET OT 4 Impacts and influence of initiative	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The [insert name of program/activity] is achieving its stated objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am confident that [organization takes the feedback provided by [insert name of program/activity] into consideration].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think that the work of [insert name of program/activity] makes a difference to the work of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In your role, what influence do you think you have had to date? Please describe.					
5. What else would you like us to know about the influence you think [insert name of program/activity] has had? Please describe.					

PPEET OT 5 Final thoughts	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. As a result of my participation in [insert name of program/activity], I am better informed about [administering organization to insert relevant term here (e.g. issue, organization, policy, health system, school system)].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Overall, I am satisfied with this engagement initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This engagement initiative is a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What are the strengths of [insert name of engagement program/activity]?					
5. What could be improved about [insert name of engagement program/activity]?					
6. What else would you like us to know about your experience with [insert name of program/activity]?					

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Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Thank you for your participation. If you would like to connect with a member of the organization to discuss your experience with this activity further, please contact [Name, email]

Organization:

Program:

Activity:

ID:

PPEET Participant Engagement Survey: Long-Term

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 15 minutes to fill out. It has 22 questions.

PPEET LT 1 Participant description

1. What perspective did you bring to [insert name of engagement initiative] Select all that apply)

Youth/youth advisor/youth partner	<input type="radio"/>
Family member/caregiver	<input type="radio"/>
Staff member	<input type="radio"/>
Community member	<input type="radio"/>
Community partner	<input type="radio"/>
Other, please specify"	<input type="radio"/>

PPEET LT 1 Participant description

2. How long have you been working with [organization] as an employee or patient/family/community advisor?

Less than 6 months	<input type="radio"/>
6-12 months	<input type="radio"/>
1-2 years	<input type="radio"/>
3-4 years	<input type="radio"/>
5 years or more	<input type="radio"/>

Please rate the following statements from strongly disagree to strongly agree.

PPEET LT 2 Engagement communication and support	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I had a clear understanding of the purpose of [insert name of program/activity].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The supports I needed to participate were available (e.g. travel, childcare).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I had enough information to contribute to the topic being discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What else would you like us to know about how your participation in [insert name of program/activity] was supported? Please describe.					

Continued on next page.

PPEETLT 3 Sharing views and perspectives	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I was able to express my views freely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that my views were heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A wide range of views on the topics discussed was shared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The individuals participating in [insert name of program/activity] represented a broad range of perspectives on the topic.					
5. What else would you like us to know about how you were able to share your views? Please describe.					

PPEETLT 4 Impacts and influence of initiative	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I think that [insert name of program/activity] achieved its objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am confident the input provided through this initiative will be used by [organization].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think the input provided through this activity will make a difference to the work of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What else would you like us to know about the influence you think [insert name of program/activity] will have?					

PPEET LT5 Final thoughts	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. As a result of my participation in [insert name of program/activity], I am better informed about [administering organization to insert relevant term here (e.g. issue, organization, policy, health system, school system)].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Overall, I was satisfied with this engagement initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This engagement initiative was a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. What were the strengths of [insert name of engagement program/activity]?					
5. What could be improved about [insert name of engagement program/activity]?					
6. What else would you like us to know about your experience with [insert name of program/activity]?					

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Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Thank you for your participation. If you would like to connect with a member of the organization to discuss your experience with this activity further, please contact [Name, email]

Organization:

Program:

Activity:

Sharing the Stories

ID:



PPEET Engagement Project Planning Survey: A

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 15 questions.

PPEET EPPS A 1 Project background

1. Please describe your role in the engagement component associated with this project (e.g., project lead, engagement lead, etc)

2 Please specify who is most directly affected by the outputs of this project (e.g., youth in general, youth in care, youth with mental health problems, residents of a particular neighbourhood, adult allies in partner organizations, etc.)

Please rate the following statements from strongly disagree to strongly agree.

PPEET EPPS A 2 Design and process integrity	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The engagement plan for the project includes a clear statement of the objectives for engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The engagement plan has a clear strategy to recruit those most affected by the outputs of this project (e.g., relevant lived experience, socio-demographic or geographic communities).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The engagement plan has a clear strategy to engage individuals and groups who will adequately reflect the perspectives of those who will be most affected by the outputs of this project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The engagement plan provides clear documentation of how the financial, logistical and information needs of participants (e.g., travel, dietary, interpretive, childcare) will be accommodated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The engagement plan includes a clear statement about how the outputs generated from the engagement will be shared with participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The engagement plan has clearly described strategies for communicating with participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Plans are in place for how the engagement input will be used in the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. A clearly described process for communicating with participants about how the engagement input will be used is in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

PPEET EPPS A 3 Collaboration, common purpose, partnerships	Yes	No
1. Do you plan to work with other organizations as part of the engagement component of this project? If no, please skip to Final Reflections. If yes, please name which organizations:	<input type="radio"/>	<input type="radio"/>

PPEET EPPS A 3 Collaboration, common purpose, partnerships	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
2. We are identifying shared goals for the engagement component with these organizations..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. We have set a plan for how we will achieve these shared goals through the engagement component.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET EPPS A 4 Final Reflections Final Reflections	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Overall, I am satisfied with the planning phase of the engagement component.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel confident in my abilities to plan and execute the engagement activities associated with this project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Thank you for your participation. If you would like to connect with a member of the organization to discuss your experience with this activity further, please contact [Name, email]

ID:

PPEET Engagement Project Planning Survey: B

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 16 questions.

Please rate the following statements from strongly disagree to strongly agree.

PPEET EPPS B 2 Design and process integrity	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The perspectives of those who will be most affected by the outputs of this project were reflected through those who participated in the engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The financial, logistical and information needs of participants (e.g., travel, dietary, interpretive, childcare, etc.) were accommodated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Adequate time was allocated to plan and implement the engagement component.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The goals for the engagement component were shared with participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Participants were told how the input from the engagement component would be used by the organization..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET EPPS B 3 Influence and impact	Yes	No
1. Was a summary report of the engagement component of the project prepared? If no, go to item 4 below.	<input type="radio"/>	<input type="radio"/>
2. Who was that report shared with? Please select all that apply	<input type="radio"/> Individuals who participated in the engagement <input type="radio"/> Management within your organization <input type="radio"/> Board members <input type="radio"/> Partners <input type="radio"/> We did not share the engagement input <input type="radio"/> Others, please specify	
3. Please select from the list how the engagement input was shared with relevant individuals and/or groups within or outside the organization.	<input type="radio"/> Written reports were made available to interested individuals <input type="radio"/> Presentations, briefings to individuals or groups <input type="radio"/> Informal communications strategies (e.g., emails, phone) <input type="radio"/> Other strategies were used. Please describe these below.	
Other sharing strategies:		
4. If you did not share the engagement input and please explain below why the input was not shared with others.		

Continued on next page.

PPEET EPPS B 3 Collaboration, common purpose, partnerships	Yes	No
1. We worked with other organizations as part of the engagement component of this activity. If yes, please list the organizations you work with below. If no, please go to Final Reflections below.	<input type="radio"/>	<input type="radio"/>
2. Please list the organizations that you worked with:		

PPEET EPPS B 3 Collaboration, common purpose, partnerships	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
3. We were able to identify shared goals with our partners through this process..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET EPPS B 3 Collaboration, common purpose, partnerships	Yes	No
4. Do you plan to collaborate with these partners again in the future?	<input type="radio"/>	<input type="radio"/>
If yes, please describe your plans below:		

PPEET EPPS B 4 Final Reflections Final Reflections	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Overall, I am satisfied with the engagement component of this project..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The engagement component added value to the project it supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As a result of my involvement in the engagement component associated with this project, I will be comfortable leading future engagement activities.					

PPEET EPPS B 4 Influence and impact	Yes	No
4. I would like to participate in engagement training to build my capacity to do more of this work.	<input type="radio"/>	<input type="radio"/>
If yes, what engagement-related skills would you be interested in developing?		

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Thank you for your participation. If you would like to connect with a member of the organization to discuss your experience with this activity further, please contact [Name, email]

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

PPEET Engagement Project Planning Survey: C

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 10 minutes to fill out. It has 8 questions.

Please describe the ways in which youth, adult allies and/or partners influenced the project through their engagement and to what extent.

PPEET EPPS C 1 Engagement project impact	Amount of influence				
	None	Small amount	Moderate amount	A lot	Not sure
1. Please fill in Type of influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET EPPS C 1 Engagement project impact	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
2. The output generated from the engagement component associated with this project was considered by those in a position to act on it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET EPPS C 1 Engagement project impact

3. Please describe how the contributions from the engagement component were considered by those in a position to act upon them.

PPEET EPPS C 1 Engagement project impact	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4. The output generated from the engagement component associated with this project influenced the project's outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET EPPS C 1 Engagement project impact

5. Please describe how the output generated from the engagement component associated with this project influenced the project's outcomes.

Continued on next page.

PPEET EPPS C 1 Engagement project impact	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6. Overall, I was satisfied with the engagement component of [insert name of project that the engagement component supported]	○	○	○	○	○
7. The engagement component was a good use of our program resources.					
8. Please provide any additional feedback regarding the influence that the engagement component of this project has had on you, your work, or your organization as a whole.					

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Thank you for your participation. If you would like to connect with a member of the organization to discuss your experience with this activity further, please contact [Name, email]

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

PPEET Organization Engagement Survey

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 20 minutes to fill out. It has 30 questions.

PPEET OES 1 Respondent profile

1. What is your role in the organization?

Board member	<input type="radio"/>
Staff	<input type="radio"/>
Mid-level manager	<input type="radio"/>
Senior manager	<input type="radio"/>
Other, please specify"	<input type="radio"/>

PPEET OES 1 Respondent profile

1. How would you rate your level of awareness of the organization's overall approach to youth and partner organization engagement?

Completely unaware	Low level of awareness	Neither aware nor unaware	Some level of awareness	High level of awareness
<input type="radio"/>				

PPEET OES 1 Respondent profile

1. How often do you interact with youth and/or youth advisors, or adult allies working with the organizations?].

Not at all	Infrequently	Sometimes	Fairly frequently	Very frequently
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET OES 1 Respondent profile

1. At what stage would you say your organization is when it comes to routinely engaging youth and/or adults from other organizations in its activities?

Not yet started	Just beginning	Established/ making some progress	Well established
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continued on next page.

PPEET OES 2 Supporting policies and practices	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
1. The organization has an explicit strategy or framework for youth and partner organization engagement that guides its activities in this area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The organization has explicit strategies for recruiting youth and advisors, adult allies and adults from partner organizations, depending on the engagement initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are clearly identified resources allocated to youth and partner engagement within the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The resources that are available for engagement are adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The organization prepares reports that summarize the contributions from engagement initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Please use the following space to expand on your answers to the questions in this section, if you would like to do so.						

PPEET OES 3 Participatory culture	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
1. A commitment to engagement values and principles is found in key organizational documents (e.g. mission and vision, strategy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A commitment to engagement values and principles is demonstrated through the structure of the organization (e.g., dedicated engagement leadership positions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Responsibilities related to engagement are clearly articulated in the job descriptions of staff who are leading and supporting these activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Comprehensive engagement trainings and materials are available to support staff who are leading and supporting these activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have adequate training in engagement to support my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Organizational leaders demonstrate their commitment to incorporating the input provided by youth and partners in identifiable ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Reports summarizing the contributions from engagement initiatives are shared with engagement participants and key stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PPEET OES 3 Participatory culture	Yes	No	Don't know
8. The organization has formal collaborations with other organizations that have a strong engagement focus (e.g., provincial, national, international organizations).			
9. If yes, please name which organizations:			
10. Please use the following space to expand on your answers to the questions in this section, if you would like to do so.			

Continued on next page.

PPEET OES 4 Influence and impact	Never	Rarely	Some of the time	All of the time	Don't know
1. The contributions that youth and adult allies, partners and advisors are making to the organization are identifiable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Organizational [or department] leaders use the input generated from the engagement initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can think of instances where the input generated from engagement initiatives has influenced decisions within this organization [or department].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can think of instances where the input generated from engagement initiatives has influenced relevant governance decisions (i.e., at the Board level).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Please use the following space to expand on your answers to the questions in this section, if you would like to do so.					

PPEET OES 5 Collaboration and common purpose	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
1. As a result of our engagement work, the organization has identified shared goals with other groups (e.g., youth, funders, community organizations, government departments).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As a result of our engagement work, the organization has developed collaborative relationships with other groups (e.g., youth funders, community organizations, government departments).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Please use the following space to expand on your answers to the questions in this section, if you would like to do so.						

PPEET OES 6 Final thoughts	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Overall, I believe the organization has an appropriate level of engagement activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Overall, I believe this organization devotes an appropriate level of resources to support its engagement initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Please share any additional reflections about engagement within your organization, if you would like to do so.					

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Thank you for your participation. If you would like to connect with a member of the organization to discuss your experience with this activity further, please contact [Name, email]

Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Qualitative Tools: Current

The surveys in the following section are primarily qualitative. They include limited minor changes to the qualitative survey tools given clearance in our previously approved study: GEDUC-677-13 Sharing the Story, TRAQ file no. 6010165.

The surveys and guides contain codes in Table and Question Headings to assist Program Leaders and Coaches to identify, select, manage and analyze questions. This are in green text and are suppressed when surveys appear on line or are printed in paper format.

Sharing the Stories

ID:

Head Heart Feet and Spirit

Activity/Day#: _____

Write a couple of sentences about your day/activity under each heading below:

This module will take you about 5 minutes to fill out. It has 4 questions.

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

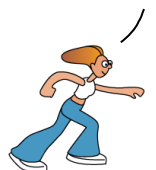
HEAD – What have I learned today?

HEART – How do I feel about today?

FEET – What will I do with what I've learned today?

SPIRIT – How did I connect today?

More
questions
on back



Continued on next page.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:



Share Your Story

*Your experience matters.
Successes you have had,
challenges you have faced,
knowledge and skills you
have gained all have value.
Please share your thoughts
in your own way – with a
photo, written, drawn,
coloured – we want to hear
from you.*



Sharing the Stories



{Head – Add a picture}

What have I learned today?

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HEART

{Heart – Add a picture}

How do I feel about today?

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F E E T

{Feet – Add a picture}

What will I do with what I've learned today?

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{Spirit – Add a picture}

How did I connect today?

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YOUR FEEDBACK

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

[Feedback – Add a picture]

ID:

Cup of Coffee Outcome Diary

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5-10 minutes to fill out. It has 5 questions.

The process of achieving our goals and objectives usually happens one small change at a time. These changes are often marked by key conversations or events, which seem relevant at the time but may be hard to remember when we want to share meaningful experiences later on. It is important to write down these moments as soon as they happen and as regularly as possible.

To capture these changes, we use an Outcomes Diary. We call it the Cup of Coffee Outcome Diary because filling it out should take as long as it takes to drink a cup of coffee (5-10 minutes) and be done regularly. We want to use this tool to capture impacts on individuals, communities, and systems (policy).

Please tell us about an instance (e.g. a conversation, an event, something you observed) that made you think that your group/program was moving toward its objectives.

Date and time that this happened:

1. Did this happen at an individual, social, or system level?

- Individual Social System

2. What happened? (e.g. what happened at the event? what did you observe? OR who did you speak with? what did you talk about?)

3. How did this relate to the outcomes of your activity/group/program? Why do you think this information is relevant to the activity/group/program?

4. How did you feel about the conversation or event? Why?

Continued on next page.

5. Anything else you would add when you reflect back on the conversation or event?

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Tell Your Own Story


Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5-10 minutes to fill out. It has 5 questions

Please use the form below to report on an interaction you have had with an adult.

Please describe as best you can any conversation, encounter, meeting, or other type of interaction you have had with an adult or peer where you felt they had an effect on you in some way. Feel free to describe it in your own words.  Here are some things you might want to put in your story:

- Who did you interact with? (program worker, volunteer, social worker)
- What happened during the interaction?
- How long did you talk/interact for?
- How did you feel about it after? Why?
- Did it have a positive effect on you? How and/or why?
- Did it have a negative effect on you? How and/or why?
- Anything else you would add?

Please tell us about your conversation, interaction...

Continued on next page.

Thank you. Now, if you wish, you can tell us when this occurred and where, in general terms. This will help us learn about the kinds of things that adults or influential peers do in certain situations and how they affect young people.

When did you have your conversation/interaction?

Choose time of day:

- Daytime during the week
- Evening or nighttime during the week
- Daytime on the weekend
- Evening or nighttime on the weekend

Choose month:

- Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Choose year:

- 2018 2017 2016 2015 2014 2013 2012 2011 2010 2009 before 2009

Where did it take place?

Choose a location:

- My neighbourhood/community At a youth event, activity, program At school
 In a worker's office (social worker, parole officer, etc.) Other (Please specify):

Note: All information entered in Sharing the Stories will be kept confidential. No one from your organization, school or community will see your stories, only the researchers from the Students Commission Centre of Excellence for Youth Engagement. If we publish any specific comments or information that you have given us here, it will not be identified in any way with any personal information you may have given us.

Your Feedback

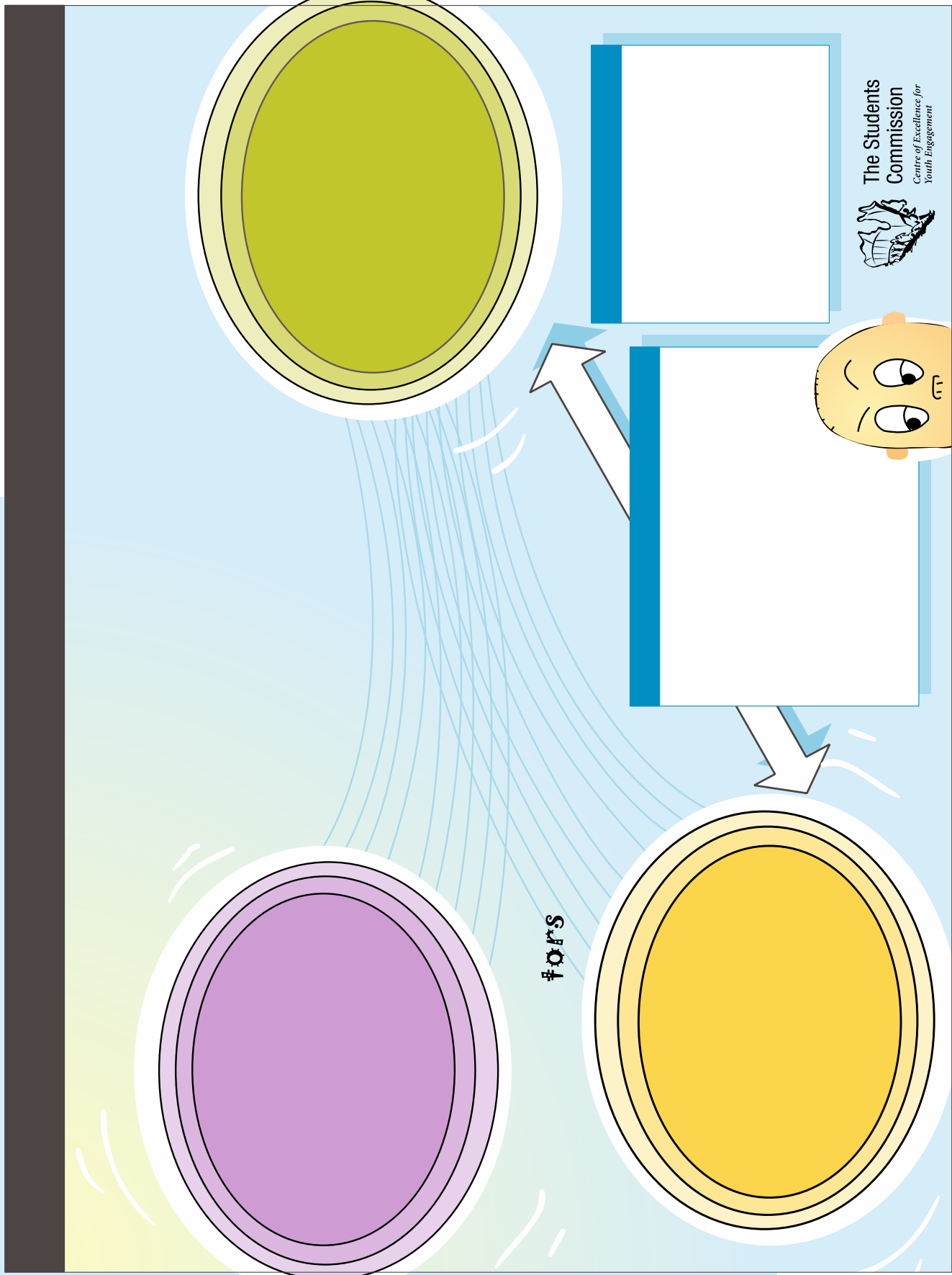
If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

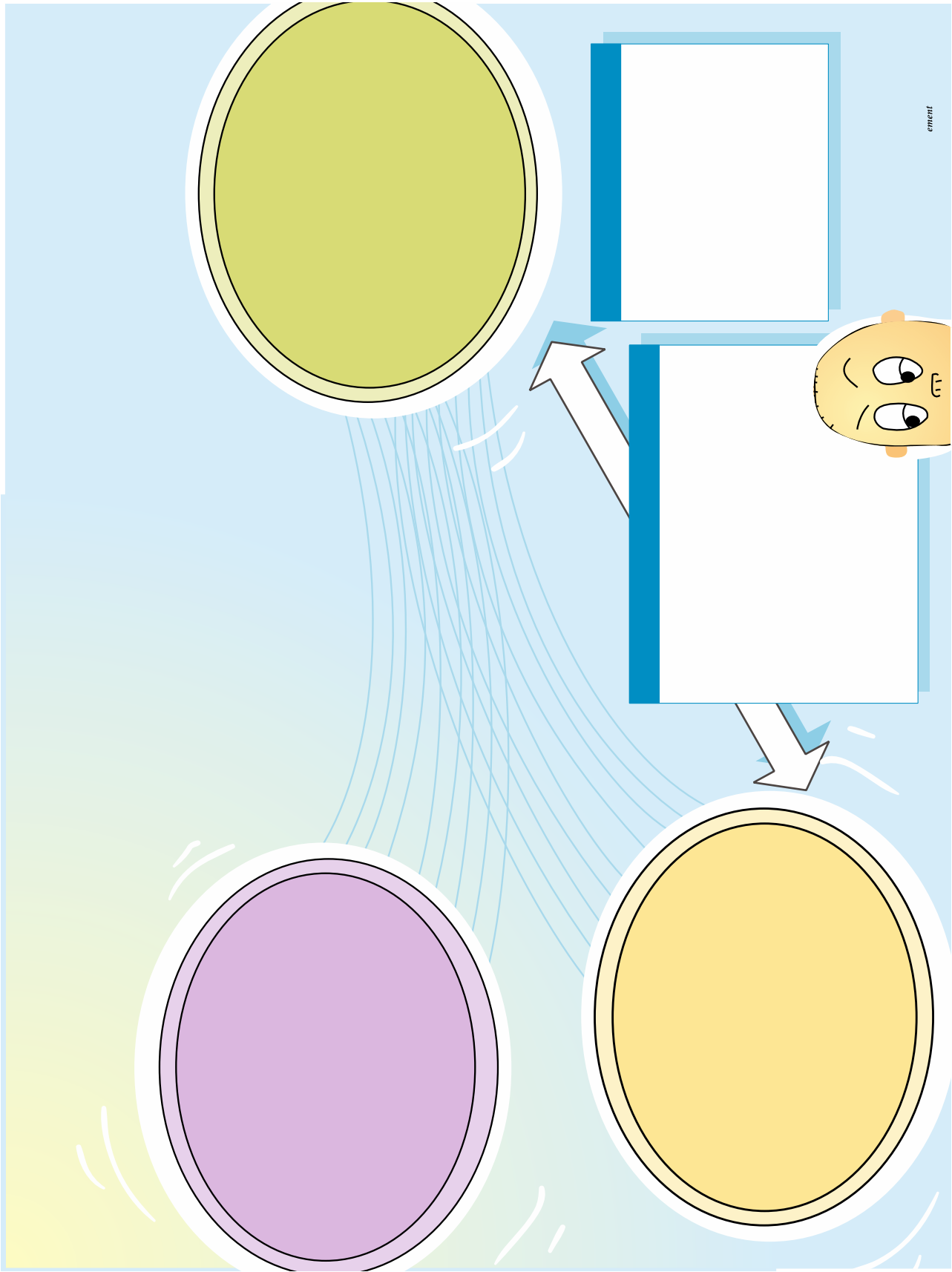
Organization:

Program:

Activity:

Youth Engagement Map





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Activity Evaluation

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 15 minutes to fill out. It has 19 questions.

Please fill out this short evaluation of today's activity/program/workshop. Thanks.

Host school/organization/group:

Activity/program/workshop date:

1. Overall, how useful do you think the activity will be to you?

- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

2. How interesting was the activity to you?

- Very interesting
- Somewhat interesting
- Not very interesting
- Not at all interesting

3. How much did you learn from the activity?

- Learned a lot
- Learned a bit
- Didn't learn much
- Didn't learn anything

4. Overall, how useful do you think this activity will be in reducing related problems in your school/organization or neighbourhood/community?

- Very useful
- Somewhat useful
- Not very useful
- Not at all useful

Please check all of the sentences below that you agree with

5. I believe the information more because youth are co-presenting/co-facilitating.
6. I believe the information more because adults are co-presenting co-/facilitating.
7. It shows adults and youth can work together.
8. It made it more interesting having both adults and youth presenting/facilitating.
9. I can relate to it a lot more with the youth presenter/facilitator being involved.
10. It can change the way adults in my school/organization and youth work together.
11. It can change the way adults in my neighbourhood/community and youth work together.

12. What did you like best about the activity?

Continued on next page.

13. What did you like least about the activity?

14. What was most helpful to you?

15. What would you like to learn about in future activities/programs/workshops?

16. What else do you think needs to happen to reduce problems related to the topic of this activity/program/workshop in your school/organization or neighbourhood/community?

17. Have you seen or heard any ads or public service announcements on the topic of this activity/program/workshop? (e.g. internet, tv, radio, newspapers, subway, buses) yes no

18. Grade

- Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12 CEGEP College University Post School

19. Are you participating as a:

- Youth Youth leader An adult working with youth Elementary school parent/guardian Secondary school parent/guardian

20. Additional demographics from approved demographics if relevant to the program e.g. gender identity, ethnic identity, sexuality

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Activity Evaluation - Adult Host

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This survey will take you about 10 minutes to fill out. It has 12 questions.

Please fill out this short evaluation of today's activity/program/workshop. Thanks.

Host name (adult):

Host school/organization or neighbourhood/community:

Activity/Workshop/Training/Presentation Date:

1. How would you describe the risk for youth in your school/organization or neighbourhood/community of being affected by the topic of the presentation?

Very low Moderate High

Thinking about the activity that took place at your school/organization:

	Not at all	A little bit	Moderately	A lot	Completely
2. Do you think that it made a positive change at your school/organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you think that it made/will make a positive change in the community/neighbourhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How interested did youth participants appear to be in the activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How useful do you think the activity was to youth participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you think that the activity was/will be helpful in preventing youth in your school/organization from being affected by the topic of the activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Was/will it be helpful in improving relationships between youth and adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you think it was useful in increasing students' understanding of the topic of the presentation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What do you think were the strengths of the activity?

Continued on next page.

10. What do you think were the weaknesses of the activity?

11. What can we do to increase the impact of the activity in your school/organization and community/neighbourhood?

12. Other comments:

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:

Project Report

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 10 minutes to fill out. It has 12 questions.

These questions help us to learn about the ways in which people are engaged with your activity/event/program.

Report for the period ending on (date):

Please provide a brief description of the activities youth were engaged in during your report period, using the categories below:

1. During Regular Activities/Meetings:

2. During Special Events/Working Groups:

3. During Outreach Activities:

Continued on next page.

Approximate numbers engaged during the report period:

4. New Youth

5. Returning Youth

6. New Adults

7. Returning Adults

8. New Organizations

9. Returning Organizations

10. Please comment on any partnerships, new and existing... (e.g. Strengths? Challenges? Highlights?)

11. Please describe how the community has been impacted by the program/project for this report.

12. Additional notes.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

ID:



Youth Tips

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5 minutes to fill out. It has 1 question.

Please tell us about your ideas, tips and advice for adults who interact with young people...

Give us your tips, ideas and advice for adult allies on how they can improve their interactions with young people. This advice could be for adults who are involved with youth events/activities/programs, or who interact with young people during their everyday life.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.

Organization:

Program:

Activity:

Social Identity Formation focus group/interview questions

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

1. What kinds of activities are you involved in?
 - a. Are the kinds of activities you are involved in connected in any way? If so, how?
 - b. How do these relate to your identity?
2. How do you build your identity (i.e., What gives you a sense of who you are)?
 - c. Is identity and brand the same thing?
 - d. How is your online identity related to your offline identity?
 - e. What you post – is that who you are?
 - f. How/Are you exploring or experimenting with your identity online and offline?
3. What makes you choose online vs. offline interactions/engagement?
 - g. On an average day, how much time do you spend online?
 - h. What are the goals of your interactions with others online? Offline?
 - i. Are there things you can do differently online than offline?
 - j. How/Do you use online and offline interactions for social activism?
4. How do you make decisions about the groups you join online and offline?
 - k. Why did you join?
 - l. Are there similar or different considerations for joining online vs offline groups?
 - m. How/where/with whom do you feel that you belong with online? Offline? Why?
5. How do you make decisions about what you trust and who you trust online?
 - n. What do you ignore when you scroll through your news feed?
 - o. What don't you trust and why?
 - p. What types of information do you usually look for online? How do you find information - weigh different perspectives, research? What makes you click on something? What makes you want to research further?
6. How do you decide what you post?
 - q. What/who influences what you post?
7. How do you feel your online media presence affects/is related to your offline relationships? And vice versa?
8. Are you part of more groups online than offline?
 - r. Do you find it easier/more comfortable to be part of an online or offline group? Why?
9. What are the impacts of online social norms (i.e., group expectations about what is acceptable, desirable, and valued)?
 - s. Can you give an example of an online social norm that you think is important?
 - t. What are the effects of seeing online community posts or carefully edited realities? How does it make you feel?

Continued on next page.

10. What are your recommendations for developing a youth program that builds a sense of belonging online and/or offline?

What are your recommendations for designing a youth program that:

- u. a) Gives young people a sense of belonging to a group?
- v. b) Supports them to get to know young people who are different from them?
- w. c) Supports them to learn about and take action on issues that affect them and other youth?
- x. d) Supports them to resist negative influences
(e.g., influences that encourage hatred or violence towards others who are different from them)?

11. Can you recommend any programs that do these things well?

- y. Do any of these programs have online components that are effective?

12. Is there anything else you'd like us to know?

13. Is there anyone else we should be talking to?

Qualitative Tools: New

The surveys in the following section are primarily qualitative and will be added to the qualitative tools in the previous section that were given clearance in our previously approved study: GEDUC-677-13 Sharing the Story, TRAQ file no. 6010165.

Focus Group/Interview Questions and Sample Probes (Participants)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

1. I'd like to start by hearing about how and why you joined the program?
 - a. How long have you been involved?
 - b. Why did you start/join?
2. So, how has it been going with your involvement in the group?
 - a. What have you liked the best about your participation in the group?
 - b. Have there been any challenges? If yes, please describe.
 - c. Have there been any efforts to overcome the challenges either by the youth involved or the facilitators? If yes, please describe.
 - d. What shifts/changes have you seen in the program while you were here? How, why, when did they occur? What effect did they have?
 - e. What keeps you coming back to the group?
3. What are the most important characteristics of the program that lead to positive outcomes (for youth, staff, organization, community)? Can you share some examples?
 - a. How did your program make a positive space for youth? Can you share some examples?
 - b. How is this program/project similar or different from other youth engagement activities in which you've been involved?
 - c. What was special about your program? What makes this program different from other settings (please think about the activities, facilitation processes, values, relationships, space)?
 - d. What are the most important characteristics and behaviors of the leaders/staff that lead to positive outcomes? Can you share some examples?
4. How would you define diversity in your program? Please think about differences in perspectives and experiences, backgrounds, opportunities to try new things or go to different places, exposure to different ideas and information.
 - a. How does the program facilitate this diversity?
 - b. What were the benefits and challenges of this diversity?
 - c. What were some of the perspectives, understandings, and experiences that differed in your program? How did these impact your group?
 - d. What is the role of diversity in your program?
5. How would you describe the common ground in the group (e.g., identity, opinion, experience, location)?
 - a. What were some of your shared/common understandings, experiences and/or perspectives in the program? How did this impact your group?
6. What have you learned since joining the group?
 - a. How have your attitudes, beliefs or opinions changed? Can you share an example?
 - b. Was the content relevant? Important? Useful? Why? How? Did you use it somewhere?
 - c. If your attitudes, beliefs or opinions have stayed the same, why do you think they have not changed? (E.g. is it based on your experience, what the facilitators are doing or not doing?)
 - d. Have there been any "aha" moments? Please describe.
 - e. Can you tell me about a time when you tried something new in the program that you never have before? How did that impact you?

Continued on next page.

7. What skills have you gained from your participation in the group?
 - a. Have you gained any leadership skills? If yes, could you provide examples?
 - b. Have you gained any critical thinking skills? If yes, could you provide examples?
 - c. Any other skills?

8. What else have you gained in addition to knowledge and skills?
 - a. Have you learned anything about yourself? Could you provide an example? Tell me about a time during your program that you learned something new about yourself.
 - b. Do you feel differently about yourself? Could you provide an example?
 - c. Do you feel differently about others? Could you provide an example?
 - d. Do you feel differently about the world around you? Could you provide an example?

9. What do you think have been your group's achievements this year?
 - a. What did you hope to accomplish?

10. How do you think the program has made/will make an impact in your community?
 - a. What are the outcomes from your program for youth, for families, for the organizations, for the community?
 - b. Can you tell me about a time in the program when you felt you made a difference (for your peers, your program, organization, community)? How? What did you do?
 - c. How do you know it made a difference?
 - d. How did your program help you make a difference? Please share some examples.

11. Tell me about a time that your experiences from your program had an impact on your life outside or after you left the program.
 - a. Looking back at your experience in your program, please share an important memory that still sticks with you. What makes it important? What does it say about who you are?
 - b. Are there changes in you that you attribute to the program? What are they? How did they happen?

12. What lessons have you learned that you think can be used to improve on the group?
 - a. Do/did you have needs that are/were not met in your programs?
 - b. Were there any barriers to being able to participate fully?

13. Is there anything else you think is important or would like to share?

Thank you so much for your participation in this group. Do you have any further questions or comments before we end?

Focus Group/Interview Questions and Sample Probes (Staff/Facilitators)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time during the discussion/interview

1. I'd like to start by hearing about how and why you joined the program?
 - a. How long have you been involved?
 - b. Why did you start/join?
2. So, how has it been going with your involvement in the group?
 - a. How have the program/processes been successful or not? Please share examples.
 - b. What have been the major strengths/challenges in these processes?
 - c. Have there been any efforts to overcome the challenges either by the youth involved or the facilitators? If yes, please describe.
 - d. What shifts/changes have you seen in the program while you were here? How, why, when did they occur? What effect did they have?
 - e. What keeps you coming back to the group?
3. What are the most important characteristics of the program that lead to positive outcomes (for youth, staff, organization, community)? Can you share some examples?
 - a. How did your program make a positive space for youth? Can you share some examples?
 - b. How is this program/project similar or different from other youth engagement activities in which you've been involved?
 - c. What is special about your program? What makes this program different from other settings (please think about the activities, facilitation processes, values, relationships, space)?
 - d. What are the most important characteristics and behaviors of the leaders/staff that lead to positive outcomes? Can you share some examples?
4. How would you define diversity in your program? Please think about differences in perspectives and experiences, backgrounds, opportunities to try new things or go to different places, exposure to different ideas and information.
 - a. How/Does the program intentionally foster diversity (i.e., of perspective, background, opportunities and experiences, knowledge, settings)?
 - b. What were the benefits and challenges of this diversity?
 - c. What were some of the perspectives, understandings, and experiences that differed in your program? How did these impact your group?
 - d. What is the role of diversity in your program?
5. How would you describe the common ground in the group (e.g., identity, opinion, experience, location)?
 - a. What were some of the shared/common understandings, experiences and/or perspectives in the program? How did this impact your group?
6. What have you and participants learned since joining the group?
 - a. What, if any, changes have you seen in participants' attitudes, beliefs and opinions? Can you share some examples?
 - b. How/have your attitudes, beliefs or opinions changed? Can you share an example?
 - c. If your attitudes, beliefs or opinions have stayed the same, why do you think they have not changed? (E.g. is it based on your experience?)
 - d. Have there been any "aha" moments? Please describe.
 - e. Can you tell me about a time when you tried something new in the program that you never have before? How did that impact you and/or the participants?

Continued on next page.

7. What skills are you seeing in the group?
 - a. What, if any, changes have you seen in participants' leadership skills or in their interest in taking leadership? Can you share some examples?
 - b. Have you gained any leadership skills? If yes, could you provide examples?
 - c. What, if any, changes have you seen in participants' critical thinking capacity? Can you share some examples?
 - d. Have you gained any critical thinking skills? If yes, could you provide examples?
 - e. Any other skills?

8. What else have you gained in addition to knowledge and skills?
 - a. Have you learned anything about yourself? Could you provide an example? Tell me about a time during your program that you learned something new about yourself.
 - b. Do you feel differently about yourself? Could you provide an example?
 - c. Do you feel differently about others? Could you provide an example?
 - d. Do you feel differently about the world around you? Could you provide an example?
 - e. What, if any, changes have you seen in how participants feel about themselves, others, and/or the world around them? Could you share an example?

9. What do you think have been your group's achievements this year?
 - a. What did you hope to accomplish?

10. How do you think the program has made/will make an impact in your community?
 - a. What are the outcomes from your program for youth, for families, for the organizations, for the community?
 - b. Can you tell me about a time in the program when you felt you made a difference (for participants, peers, your program, organization, community)? How? What did you do?
 - c. Can you tell me about a time that participants in the program made a difference (for you, their peers, your program, organization, community)? How? What did they do?
 - d. How do you know it made a difference?

11. Tell me about a time that your experiences from your program had an impact on your life outside or after you left the program.
 - a. Looking back at your experience in your program, please share an important memory that still sticks with you. What makes it important? What does it say about who you are?
 - b. Are there changes in you that you attribute to the program? What are they? How did they happen?

12. What lessons have you learned that you think can be used to improve on the group?
 - a. What further supports, if any, do you need to continue to work effectively with youth in this program or to overcome challenges you have been experiencing?

13. Is there anything else you think is important or would like to share?

Thank you so much for your participation in this group. Do you have any further questions or comments before we end?

Focus Group/Interview Questions and Sample Probes (Participants – Cultural Component)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time during the discussion/interview

Mental

1. Have you attended any ceremony, land-based or cultural activity that has had an impression on you? If so, can you share what that experience was like for you?
 - a. Can you share any specific activity that has impacted your Mental Health or wellness?
2. Do you have other suggestions of ceremonies, land-based or cultural activities that you would like to experience for your mental health or wellness that hasn't/haven't happened yet?

Emotional

1. Are there ways that this program has contributed to building your life skills? (Participants can apply their own definition of life skills)
 - a. If any, what life skills have you learned?
 - b. How have these life skills contributed to your everyday life?
 - c. What other life skills are you hoping to learn?
2. Is there a moment where you learned something about yourself? Would you be willing to share a story or moment? Or what did you learn and how did you learn it?

Physical

1. Was there a time you participated in any cultural activity that you wouldn't have before? Can you explain what the activity was and how it made you feel?
 - a. What were the benefits of the activity for you?
 - b. Have there been any challenges or barriers to your participation in cultural activities that the program host(s)?
2. What changes have you noticed in your physical health since you started this program? Feel free to share what you've noticed if you're comfortable
 - a. What other physical activities, ceremonies or cultural events would you like to participate in?

Spiritual

1. What does a Spiritual Connection mean to you?
2. Have you been a part of any cultural activity that has brought you closer to a Spiritual Connection?
 - a. Was there a moment where you felt a connection to yourself or who you are? Please use your own definition or words to describe what this means to you.
 - b. Did you experience a spiritual connection with others or something outside of yourself? Can you share that experience and how it impacted you?
 - c. Are there comfortable and meaningful ways the program can help you to be more Spiritually connected?

Needs Assessment Focus Group/Interview questions and Sample Probes (Participants)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

Brief introduction: The purpose of this discussion is to learn about what really helps you meet your needs and what practices/strategies/tools could help you. We want to hear about the people, programs, services, approaches, systems that are working, and those that aren't. We want to hear about how to make the supports that exist even better! Please be as honest as you can be. None of this information will be attached to your name or shared with specific individuals who may be named—in fact, those names will be removed. [Go into consent]

Initial Dialogue

Check In

Name

Pronouns

How you're feeling today?

1. How long have you lived in this community or used services in this community?
 - a. How often do you use services or attend programs in this community?
2. How do you define or understand [issue] (e.g., mental health)?
3. What improves [the issue/problem] (e.g., mental health)? What makes you feel good?
4. What negatively impacts [the issue] (e.g., mental health)? What makes you feel down and takes energy from you?
5. When you need supports [related to the issue] (e.g., mental health or wellness) or are looking for help, who do you go to or where do you go?
 - a. Why do you go to them?
 - b. What change are you hoping for?
6. Are there any supports that you've used in your community that have helped you achieve your [issue] (e.g., mental health or wellness) goals or experience the changes that you wanted?
 - a. Why or how?
 - b. What made these supports work for you?
7. What hasn't worked? Why didn't it work?
8. How would we get those services to provide the impact you actually wanted?
9. What services do you wish existed in times that you needed support?
10. There are lots of amazing people working in this community that are striving to address [the issue] (e.g., your mental health); what are your experiences working with these people? How can they be better prepared to provide you with what you need?
11. What is one thing you think frontline youth workers should know/remember when working with youth who experience [issue-related] (e.g., mental health challenges)? And why is this the one thing that's so important?

Needs Assessment Focus Group/Interview questions and Sample Probes (Leaders)

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

(45 minutes)

Check in:

Name

Pronouns

1. How long you've been working in this community?
2. What are the needs of the youth populations/family populations in this community?
3. To date, how have you been addressing these issues?
 - a. What are your practices and approaches?
 - b. What services and programs do you offer?
4. In what ways are you comfortable supporting youth and their families with their needs? And in what ways are you uncomfortable? Does that affect the impact you have? Why?
5. What kind of impact or change do you see in the lives of youth and families that you support in the community? Is it the impact you hoped?
6. What elements are key to allow you to achieve that impact?
 - a. What other supports, training, knowledge or skills do you need to help you make that impact?
7. How could your organization better support you to address needs in your community?
8. What gaps or challenges do you see in community services and supports here in your community?
9. Where does learning need to take place to engage in these issues?

Needs Assessment Focus Group/Interview questions, Sample Probes (Parents, Caregivers)

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Consent:

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- You can choose not to participate at any time during the discussion/interview

Initial Dialogue

Name

1. How long have you and your family lived in this community or used services in this community? How often do you or your family use services or attend programs in this community?
 - a. What do you use or attend? Why?
2. How do you define or understand [the issue/challenge] (e.g., mental health or mental wellness)?
3. How would you describe the [issue] (e.g., mental health or mental wellness) in your family? Your community?
4. How would you describe the [issue-related] (e.g., mental health or mental wellness) goals of your family? What are you hoping to achieve? What does that look like or mean to you?
5. What services have you or your family used in the community to help you achieve those goals? What worked? Why (what made it/them effective)?
6. Were there limitations to how long it worked or how effectively it worked? Or have you tried services that didn't work? Why?
7. Were there services that you wanted to use, but didn't? Why didn't you? What were the barriers?
8. There are lots of amazing people working in this community who are striving to address these needs; what are your experiences working with these people? How can they be better prepared to provide you with what you need?
9. What is one thing you think service delivery workers should know/remember when working with youth and their families who experience [issue-related] (e.g., mental health) challenges? And why is this one thing so important?

Supplementary Qualitative Questions by Construct for adding to Surveys, Focus Groups and Interviews

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

These 18 questions would not be given all together but added to appropriate surveys, focus groups or interviews.

Academic Success • Construct: Future Plans

1. Please describe your current or future academic goals.
2. How has this program supported you or will support you to achieve your academic goals, if at all? Please share an example.

Addressing Social Issues • Construct: Cognitive Empowerment

1. What/who were you thinking about when you read the word "community"?
2. What/who were you thinking about when you read the words "authority", "those with power", and "influential people"?

Addressing Social Issues • Construct: Justice oriented citizen

1. What does it mean to you to challenge things that are not equal in society?

Addressing Social Issues • Construct: Your Civic Participation

1. How has this program supported you or will support you to address social issues, if at all? Please share an example.

Consistent Caring Person • Construct: Adult Support

1. Please describe caring, supportive adults in your life. Please share an example of how adults demonstrate their care and support.

Engaged in Community • Construct: Civic Participation, Socio-political control, Integration

1. What/who you were thinking about when you read the word "community"?

2. What does engaging in your community mean to you? Please share an example

3. Why is it important for you to engage in your community, if at all?

Access to Safe Space • Construct: Safe space

1. What makes your program a safe or unsafe space for you? Please share an example.

Feeling Safe • Construct: Safe space online

1. Please describe which online communities you are a part of.

2. Please describe which online communities do you feel safe in and why?

3. Please describe which online communities do you feel unsafe in and why?

Feeling Safe • Construct: Safe environment

1. Please describe which communities you are a part of?

2. Please describe which communities you feel safe in and why?

3. Please describe which communities you feel unsafe in and why?

Healthy close relationships • Construct: Connectedness

1. What/who were you thinking about when you read the word "community"? Please describe.

2. What does it mean to you to have healthy, close relationships? Please share an example.

3. How does this program help you form healthy and close relationships with others, if at all? Please share an example.

Accessing Resources • Construct: Support

1. Who/where do you go to, to access community resources (programs, services, etc.)? And why do you go to that person or place?

2. What prevents you from accessing resources (program, services, etc.) in your community? Please describe.

3. How has this program supported you or will support you in accessing community resources, if at all? Please share an example.

Leadership qualities • Construct: Leadership development

1. How has this program supported you or will support you in developing your leadership qualities, if at all? Please share an example.

2. Please describe the leadership opportunities you have had through this program, if at all.

Preparing to lead • Construct: Leadership development

1. How has this program supported you or will support you in developing your leadership qualities, if at all? Please share an example

Please describe the leadership opportunities you have had through this program, if at all.

Resources in the Community • Construct: Involvement, knowledge, skills

1. Who /where do you go to, to access community resources (program, services, etc.)? And why do you go to that person or place?

2. Please describe what prevents you from accessing resources (program, services, etc.) in your community?

3. How has this program supported you or will support you in accessing community resources, if at all? Please share an example.

Workforce Preparation (Grades -7-8) • Construct: Workforce preparation

1. How has this program supported you or will support you in preparing for the workforce, if at all? Please share an example.

Workforce Preparation (Grades 9-12) • Construct: Workforce preparation

1. How has this program supported you or will support you in preparing for the workforce, if at all? Please share an example.

2. Please describe the work opportunities you have had through this program, if at all.

Financial Skills Scale • Construct:

1. How has this program supported you or will support you in developing your financial skills, if at all? Please share an example.

2. Who/where do you go to, to access financial resources? And why do you go to that that person or place?

3. What prevents you from accessing financial resources in your community? Please describe.

Youth-Report Measure of Growth/Goal Focus • Construct: Mentoring Relationship Quality

1. Please describe In what ways has your mentor impacted your life, if at all? Please share an example.

Young Leaders Circle – Developmental Evaluation Questions: (Development Source: Spirit Spaces)

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- You can choose not to participate at any time during the discussion/interview

Opening

14. What do you believe the impact of the [Program Name] will be?
15. How will it change the people who experience it? The relationships between people? And the systems it interacts with?
16. Where is there momentum and energy around the work you're doing?
17. What elements are most exciting to folks?
18. Who is gravitating towards this work and why?
19. How do you envision building on that energy and momentum to move forward?
20. What are the next steps?
21. What challenges do you face in the design process moving forward? What are your plans to work through those challenges?
22. What gifts have you brought to the space? Are there gifts that you'd like to share more moving forward? In what ways?
23. Are there changes that you've experienced, within yourself, with teammates, in or between communities, that you'd like to name as you've done this work?
24. What did these changes look like?
25. Why or how did they emerge?
26. What from last year would you like to bring with you to this year? And what would you like to leave behind?

Closing

Session 2: TBD

1. Opening (How would you like this to look? Is this something you'd like me to do or would your team like to open somehow?)
2. What is the vision or purpose of the work you're doing? What are you trying to build?
3. What brought you to this work? And what keeps you here?
4. Describe the process so far. What has been your experience of the process (head, heart, feet, spirit//learning, feeling, doing, connecting)?
5. What role has your history, your past, your ancestors played in this process?
6. What decision-making processes have you used as a team? Where did these processes emerge from?
7. What's been the impact of these processes on the work?
8. What are some of the most meaningful conversations you've had, either as a team or with the communities you've engaged? Or the most meaningful learning that's occurred for you?
9. What are the difficult conversations you've encountered, either as a team or with the communities you've engaged? What's really challenged you?
10. How did you work through these challenges?
11. What have been your greatest successes or your 'a-ha' moments to date? (Your definition of success!)

Closing

Rose Check-out Tool

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

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- You can choose not to participate at any time during the discussion/interview

1. Let's start with Rose: What was something you liked about your involvement in the *[ACTIVITY NAME]* today?
 - a. For example: What did you like the best? Any favorite parts? Did you make any new connections? How did the space feel? Is it a unique opportunity?
2. Next is Stem: What have you learned in THE *[ACTIVITY NAME]*?
 - a. Examples: New skills? attitudes/beliefs/opinions changed? Learned anything about yourself? Learned anything about others? Learned anything about the world? Did you try something for the first time?
3. Okay, let's move onto Thorn: What was something you found challenging *in [ACTIVITY NAME]*?
 - a. Example: anything you want to see more of or less of? Was there a topic that you didn't find as helpful? Was there a problem discussed that you think will be challenging to tackle?
4. Last is the Bud: Something you are looking forward to in the future because of your involvement in the *[ACTIVITY NAME]*?
 - a. How do you think that your involvement in this program makes an impact in your community? Will you collaborate with people from the *[ACTIVITY NAME]*? in the future? Do you see yourself applying something you learned here to something else in your life?
5. Thank you everyone for sharing your thoughts and feelings. Do you have anything else you want to add before we finish the check-out?

Youth Influencer Conversation Follow-up

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- You can choose not to participate at any time during the discussion/interview

Part of understanding the change in a program will be in the day-to-day interactions between youth influencers and their peers. Based on the influencer model it is expected that these interactions will be often be unpredictable and happen outside of formal programming. In order to capture these interactions over time we will offer follow-up conversations..

1. Influencers will be invited to text us whenever they have an interaction with their peers that they feel is related to program topics or their role as an Influencer.
2. They will be asked to include information as defined below about the conversations in their messages.
3. Some influencers will receive a follow-up call and/or text message and do a short 1-1 interview (10-20 minutes) using the guide questions below. Interviews will be recorded, notes taken, and some will be transcribed.

Documenting the Interaction via Text

1. Please list the initials of the person/ people you had the interaction with.
2. What topics were discussed?
3. How long was the interaction?
4. How did you feel about the interaction? 1 to 5 rating. (1=Very bad, 2=Bad, 3=Fair, 4=Good, 5=Very good).
5. Where did the interaction take place? (e.g., online messaging, at school, at home, at the community group, somewhere else?)
6. How do you know this person? (e.g., program, school, friends, family, other activities, you have never spoken to them before)
7. Have you interacted with this person (these people) before? If yes, was it about a similar topic or a follow-up conversation?
8. If other people were present, how would you characterize them (friends, school peers, group peers, family)?

Interaction Follow-up Interview Guide:

1. Can you tell us about the interaction(s)?
 - a. Who initiated the conversation?
 - b. What lead up to the conversation?
 - c. Can you tell us more about what topic(s)/ situation(s) were discussed?
 - d. How did the conversation end up? (has anything happened since the conversation)
 - e. What did you find easy about the interaction? What did you find challenging? (e.g., power dynamics)
 - f. Was there anything that you wish had gone differently?
 - g. What did you feel or think during the interaction? How about now?
2. How did you use your influencer training in the conversation(s)? (e.g., knowledge of norms, motivational talking, directing people to resources)
 - h. Is there something you took from training and modified for the context of this interaction?
 - i. How did your own context/origin story interact with your experience training with the program?
3. Do you feel you made a difference or had an impact on the person you were interacting with? Why?
 - j. Did the person get closer to resolving an issue, making a change they wanted to make?

Continued on next page.

4. Is there something that would have made the interaction better in your opinion?

- k. Knowledge about the topics
- l. Skills (motivational techniques)
- m. Resources
- n. Training

5. What did you learn about yourself from this interaction?

6. Did the interaction inspire you to take action in some way? i.e. to make a change in your approaches? Give you an idea about how to explain something? To change your environment?

7. Is there anything else you want to tell us about?

Additional Questions:

1. What do you like most about your role as peer influencer?

2. What do you like least about your role as peer influencer?

3. What have you learned about yourself since being involved with this program?

Activity Mapping Journal

The intention of this journal is to provide an opportunity for program leads/facilitators to reflect on how the program activities are being implemented, to track changes and adjustments to the activities, and how participants are responding to the activities.

Please complete the below journal reflection after you implement a project activity, as lead, co-lead, or adult ally.

Please note: this journal will be used as part of our research project if you have previously consented to research:

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

Program (Which program is this activity a part of?): _____

Site/Location (Where are you located? Where are you delivering this activity?): _____

Date: _____

Activity/Session (What's the topic or issue you're covering?): _____

Who created this session:

- From the program curriculum
- Created by our team // if yes, specify who created it:
 - Influencers
 - Adult allies
 - Other: _____
- Taken from a different program or curriculum // If yes, which one?: _____

Did you adjust or change the approach or content to make it more meaningful for your group?

- Yes
- No

If yes, what did you change? Why?

Who led the session: (check all that apply)

- Adult allies
- Youth participants
- Influencers
- Educators/teachers
- Other: _____

Continued on next page.

Who did you deliver it to (provide some details about the participants)?

What worked well? How do you know it worked well? Why do you think it worked well?

What didn't work? How do you know it didn't work? Why do you think it didn't work?

How did youth respond to the session?

What conversations stood out? Why?

Is there anything you would change if you delivered this again? (check box) - yes - no // If yes, what would you change? Why?

Has anything come out of this activity (ex. New ideas, new friendships...)? Has it inspired anything in the participants (for example: do participants want more information? Are they going to take action on the topic? ...)?

Thank-you for sharing!

...until next time....

Change Journal/Interview

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 20 minutes to fill out. It has 17 questions.

The intention of this journal is to provide an opportunity for program leads/facilitators to reflect on how the program activities have changed youth participants, their relationships with others, and systems in which the program lead/facilitator works, lives, and encounters.

Please complete the below journal reflection after the specified amount of time or when prompted by your StS coach. Please note: this journal will be used as part of our research project if you have previously consented to research.

OPTION: If you don't wish to journal, you may ask your StS coaches for a series of interviews or focus group where these questions would be asked. The method is designed to suit what works best for you.

Program (Which program is this activity a part of?):

Site/Location (Where are you located? Where are you delivering this activity?):

Date: _____

Youth Participants

As a staff member, how can you tell a participant is experiencing a change (for better or for worse) in this program?

What changes have you seen amongst participants since your last journal entry? (consider behaviours, language used, attitudes, etc.)

As a staff member, how do you know that this program is having an impact?

What are some of the signs that learning has "stuck" with participants in this program? What are the signs or indicators that supports this?

In what ways are youth contributing to the program or community? What activities are they leading or participating in?

Continued on next page.

Peer Engagement

What changes have you seen in the interaction among program participants?

What changes have you observed in the interaction between influencers and participants?

How are group dynamics or interactions changing?

What kind of conversations have you observed between the participants in this program?

Are any of the conversations related to program materials or topics? If yes, which topics have a lot of traction or momentum with the youth?

Youth-Adult Partnerships

How have your interactions with youth in your program changed? What new topics are they addressing with you? In what context? (one-on-one, group discussions, request to have particular topics covered...)

System Changes

Based on your observations of the young people, are you planning on making any organizational or programmatic changes? If yes, what are you hoping to change? Why?

What efforts have the program participants made to change things in their communities, schools, other institutions?

What have these efforts resulted in, if anything?

What are the barriers to making these kinds of changes?

Thank-you!
...until next time...

Program Lead Reflection Interview Guide

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:


- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

The intention of this interview guide is to provide an opportunity for program leads/facilitators to share aspects of their program delivery and processes and the changes they are experiencing and witnessing.

This interview may last 0.1-1.5 hours, depending on how much you want to share. We would like to audio record the interview so a SCC team member may transcribe it or check notes for accuracy. We won't include any names in the transcript. We may also take notes during our interview. Everything you say is confidential and will be anonymized for the purpose of research or evaluation reports, unless you otherwise specify.

Please note: this interview will be used as part of our research project; if you have not yet completed a consent, we can provide you with one. If you have previously consented to research, we'd like to remind you:

UNDERSTANDING THE PROGRAM'S PROCESS:

1. How did the implementation of the program differ from what you expected or planned for?
2. How do you think that the relationship between the leads and youth participants is going? What has made it positive and/or meaningful? What do you think could be improved?
3. What do you think was positive about the relationship between  Research/Evaluation staff and your organization? What do you think could be improved?
4. What about the relationship between your program and other organizational partners?
5. What worked well throughout the program? What did not work so well? How could you tell?
6. What would you say are best practices in relation to the program delivery (i.e. what advice would you give to other organizations who wanted to deliver this program)? What practices could be improved?
7. What are some emerging issues that your program is looking to get ahead of?

Continued on next page.

OBSERVING CHANGE:

In youth participants...

1. As a program lead, how can you tell when participants are experiencing change (for better or for worse) in this program?
2. What changes have you seen amongst participants in the last year? (consider behaviours, language used, attitudes, etc.)
3. As a program lead, how do you know that this program is having an impact?
4. What are some of the signs that learning has “stuck” with participants in this program? What are the signs or indicators that supports this?
5. In what ways are youth contributing to the program or community? What activities are they leading or participating in?

In Peer Engagement...

1. What changes have you seen in the interaction among program participants?
2. What changes have you observed in the interaction between influencers and participants?
3. How are group dynamics or interactions changing?
4. What kind of conversations have you observed between the participants in this program?
5. Are any of the conversations related to program materials or topics? If yes, which topics have a lot of traction or momentum with the youth?

In Youth-Adult Partnerships...

1. How have your interactions with youth in your program changed? What new topics are they addressing with you? In what context? (one-on-one, group discussions, request to have particular topics covered...)
2. Tell a story about a time when a young person changed how you think or how you do your work. What did that look like?

In System Changes...

1. Based on your observations of the young people, are you planning on making any organizational or programmatic changes? If yes, what are you hoping to change? Why?
2. What efforts have the program participants made to change things in their communities, schools, other institutions?
3. What have these efforts resulted in, if anything?
4. What are the barriers to making these kinds of changes?

Thank-you!

...until next time...

Program Context Interview Guide

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

The intention of this interview guide is to provide an opportunity for program leads/facilitators to share contextual factors about their community, space, organization, and/or program, how these factors may change, and the impacts of these changes on program delivery, participant engagement, and organizational approaches and policies. It also provides an opportunity for program leads to name any gaps in supports they may experience at a community-level that others can help fill.

This interview may last 0.1-1.5 hours, depending on how much you want to share. We will take notes during our interview. We would also like to audio record the interview so a SCC team member can refer to the recording to check the accuracy of the notes and we may also transcribe it. We won't include any names in the transcript. Everything you say is confidential and will be anonymized for the purpose of research or evaluation reports, unless you otherwise specify.

Please note: this interview will be used as part of our research project; if you have not yet completed a consent, we can provide you with one. If you have previously consented to research, we'd like to remind you:

1. Tell us about your space.

- a. Where is the space located and why?
- b. How do you try to create a safe(r) space? What are your best practices for doing so?
- c. What are the greatest strengths of your space? The greatest challenges?

2. Tell us about the dynamics of your youth group.

- a. How do the participants get along? Are there divisions or cliques that you have observed?
- b. How involved are your participants with each other outside of your space? (e.g. Do they hangout?)
- c. What topics of discussion matter most to your group?
- d. What does your group spend the most time doing?
- e. Do your participants ever bring friends/partners/family from outside of your program?

3. Tell us about the leadership or governance of the program, organization or space.

- a. How are decisions made in your space?
- b. Which ADULTS are regularly involved with your programming? What role do they play? What is their relationship like with the youth?

4. Tell us about some of the concerns you may have implementing this program based on any unique or specific community expectations around this topic or issue.

- a. How have youth shared about this topic or issue in the past?
- b. What spaces are there for youth to discuss this topic or issue? Who might they be able to discuss it with?
- c. How have they been encouraged or discouraged to discuss this topic or issue?

5. Tell us about how youth are connecting to resources in your community.

- a. How do youth access other community resources? Which ones do they access and which are they lacking?
- b. What elements help them access these resources? And what elements pose barriers?
- c. How do members of your team help encourage and facilitate youth accessing other resources?

6. Please list the resources (websites, community partners, service providers...) that you could connect youth in your community to around this topic or issue area.

Qualitative Tools New: Arts-Based Tools

The following section provides the scripts and guiding questions and prompts for arts-based research activities. The leader goes through the arts-based activity guide, using additional probing questions when needed to encourage engagement. Depending on the activity and program context, the session can take approximately 30-180 minutes. All products created by participants are photographed and performances audio/video taped with consent. Pictures of products and recordings of performances are uploaded onto the SCC/CEYE secure server. Participants retain their products.

The surveys and guides contain codes in Table and Question Headings to assist Program Leaders and Coaches to identify, select, manage and analyze questions. This are in green text and are suppressed when surveys appear on line or are printed in paper format.

Photovoice

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

This photovoice activity will help to explore your experiences in this program, and/or the issues you explored, and/or the impacts of your program. You'll have an opportunity to take photos and select the ones you feel comfortable sharing with the group as a way to reflect on your program experience.

Our process is grounded in our Four Pillars:

1. Respect for young people's voice and their capacity to influence themselves, their peers, their organizations and the communities they live in.
2. Listening deeply to what young people have to say so that we can ensure that our programs and initiatives are rooted in their best interests.
3. Understanding what young people have to say by aggregating data generated by participating organizations to demonstrate youth trends and to identify opportunities for long-term change.
4. Communicating what young people have to say across the country so that youth, organizations, policy-makers, funders and businesses remain connected and relevant to youth issues.

Before we begin, I would like to go over some of the specific ground rules that will help put the four pillars into action.

1. You can keep your photos after the session. If you are willing, we would like to have a digital copy of your selected photos to include in the evaluation report and to better understand young people's program experiences.
2. We will have an opportunity to discuss our photos together in the group and I would like to audiorecord our discussion and take notes on a flipchart/paper to capture your thoughts. The audio will be used to fill in the notes to make sure they are complete, but will not include any names. (Option: note-taking only when recording not possible.)
3. All notes and recordings will be confidential. That is, only the research assistant who types the transcript will listen to the tape. The comments you make could go in to a report anonymously, but your name will not be attached to any comments.
4. Whatever is said in this room stays in the room.
5. When more than one person speaks at a time, it is difficult to capture what everybody says, therefore it is important that you talk one at a time.
6. Everybody is entitled to their views and opinions – we need to respect them.

Instructions for photovoice activity:

1. Consider the following question and take photos (or select existing photos) to share with the group. Try not to take photos that include other people unless they have filled out a consent form/media release. Optional: Drawing, collage or other graphic art instead of photography.
2. Sample questions:
 - a. What impact did the program (or component of the program, if you are exploring a particular aspect: e.g., workshop, training, to activity) have on you, your friends, your community?
 - b. What did you achieve through your program (or component of the program)?
 - c. What did you learn?
 - d. What are the issues that most affect you and your community/ies?
 - e. How can you address the issue(s) that most affect you and your community/ies?
 - f. How does the program (or component of the program, make a safe(r) space?
 - g. What does leadership look like in your program (or component of the program)?
 - h. How is your experience in the program (or component of the program) similar/different from other parts of your life?

Continued on next page.

3. As a group, youth are invited to share their photos, have free writing sessions, and/or develop captions for selected photos.
4. Participants present their photos and writings to each other to spark critical dialogue. This process may be repeated several times-- participants may take more photos to explore other emergent themes. Sample questions to prompt discussions following the photo sharing (based on the "SHOWeD" method: Wang & Burris, 1997):
 - What do you See here?
 - What is really Happening here?
 - How does this relate to Our lives/program?
 - Why does this problem or strength exist? What are the root causes?
 - What can we Do/what have done about it?
5. After all photographs have been reviewed, confirm/check consent to have specific photos and written comments used in publications.
6. Offer the opportunity, if youth wish to have some quotes, photos, comments attributed to them with their names. Use Media Release Consent to Publish for these specific items.

Social Identity Group Mapping

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

This mapping activity will help to explore and document the different groups you belong to. We'll use the map as a starting place to reflect on how these groups influence your identity, your feelings of belonging, and other parts of your life.

Our process is grounded in our Four Pillars:

1. Respect for young people's voice and their capacity to influence themselves, their peers, their organizations and the communities they live in.
2. Listening deeply to what young people have to say so that we can ensure that our programs and initiatives are rooted in their best interests.
3. Understanding what young people have to say by aggregating data generated by participating organizations to demonstrate youth trends and to identify opportunities for long-term change.
4. Communicating what young people have to say across the country so that youth, organizations, policy-makers, funders and businesses remain connected and relevant to youth issues.

Before we begin, I would like to go over some of the specific ground rules that will help put the four pillars into action.

1. You can keep your map after the session. We would like to take a digital image of your map so we can see how the groups that you belong to may be related to your experiences in the program, and/or to see any similarities and differences between the beginning and end of the program.
2. We will have an opportunity to discuss our maps together in the group and I would like to audio record our discussion and take notes on a flipchart/paper to capture your thoughts. The audio tape will be used to fill in the notes to make sure they are complete, but will not include any names.
3. All notes and recordings will be confidential. That is, only the research assistant who types the transcript will listen to the tape. The comments you make could go in to a report anonymously, but your name will not be attached to any comments.
4. Whatever is said in this room stays in the room.
5. When more than one person speaks at a time, it is difficult to capture what everybody says, therefore it is important that you talk one at a time.
6. Everybody is entitled to their views and opinions – we need to respect them.

Does everybody agree to these terms? Do you have any questions or comments before we begin?

Instructions for social identity mapping

1. Identify your groups: Think about all the groups you belong to. These groups can take any form. For example, they may be groups that share the same opinion or concern about something, the same location, the same culture, extracurricular activity groups, community groups, sports groups, etc. They may be online or in-person or both.
2. Write down the name of each group spread out on a large piece of paper (or on post-it notes). Position the groups that are similar to one another together and groups that are different farther apart.
3. How important is each group to you? Make a square around each group name based on how important they are to you, with large squares around each very important group, medium squares around each moderately important group, and small squares around each of the less important groups.
4. How positive do you feel about being a member of each group? On a scale from 1 (not at all positive) to 10 (very positive), please indicate the extent to which you feel positive about being a member of each group in the top left of each square.
5. In a typical month, how many days would you engage in activities related to each group? Please indicate the number of days per month in the top right corner of each square.
6. For how many years have you been a member of each group? Note the number of years in the bottom left of each square.

Continued on next page.

7. How representative are you of the group as a whole? On a scale ranging from 1 (not at all) to 10 (very well), indicate the extent to which you represent the group (i.e., are a good example of what it means to be a member of the group) in the bottom right corner of each square.
8. How compatible are the groups? Connect similar groups together with solid lines - these indicate that it is easy to be part of these two groups at the same time. Connect very different groups together with dotted lines - these indicate that it is challenging to be part of these groups at the same time. Imagine inviting these groups to the same event; would you feel comfortable or uncomfortable to be there with everyone?
9. Is the online, offline or both? Note for each group whether you interact online, offline or both.

Sample debrief questions:

- How has your map changed since you began the program? Why? How has that impacted your life? Your mental health?
- Why are some groups more important to you than others? What makes them important? Can you share an example?
- Can you share a story about how your involvement in this program is connected to/has an impact on your engagement in other groups?
- What makes you feel positive about being a member of a group? Can you share an example?
- In which group do you feel the most/least belonging? Why?
- What are some of the benefits/challenges you experience being connected to different groups?
- How has your involvement in these groups had an impact on the groups? On the community?
- Is your involvement in this program compatible with other the other groups to which you belong? Can you share an example?
- What did you learn about yourself?
- Are there similarities/differences about how you're involved in online and in-person groups?

Network Mapping

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

This mapping activity will help to explore and document the different people, resources and networks who support/are available to you.

Our process is grounded in our Four Pillars: Respect, Listen, Understand, Communicat

1. Respect for young people's voice and their capacity to influence themselves, their peers, their organizations and the communities they live in.
2. Listening deeply to what young people have to say so that we can ensure that our programs and initiatives are rooted in their best interests.
3. Understanding what young people have to say by aggregating data generated by participating organizations to demonstrate youth trends and to identify opportunities for long-term change.
4. Communicating what young people have to say across the country so that youth, organizations, policy-makers, funders and businesses remain connected and relevant to youth issues.

Before we begin, I would like to go over some of the specific ground rules that will help put the four pillars into action.

1. You can keep your map after the session. We would like to take a digital image of your map so we can understand how your support network may be related to your experiences in the program, and/or to see any similarities and differences between the beginning and end of the program.
2. We will have an opportunity to discuss our maps together in the group and I would like to audio record our discussion and take notes on a flipchart/paper to capture your thoughts. The audio will be used to fill in the notes to make sure they are complete, but will not include any names.
3. Everything you say will be confidential. Only the research assistant who types the transcript will listen to the tape. The comments you make could go in to a report anonymously, but your name will not be attached to any comments.
4. Whatever is said in this room stays in the room.
5. When more than one person speaks at a time, it is difficult to capture what everybody says, therefore it is important that you talk one at a time.
6. Everybody is entitled to their views and opinions – we need to respect them.

Does everybody agree to these terms? Do you have any questions or comments before we begin?

Instructions for network mapping

1. Who are the people who supported you over the last year? Please write your name or draw yourself in the centre of a large piece of paper. Write the names/initials/titles of people who support you on a large piece of paper grouped by categories (e.g., family, school/work, friends, other). Option: Use drawings or symbols to represent the people who support you.
2. Using dotted lines, connect those people who have interconnecting relationships (i.e., support people who know each other and interact).
3. Using solid lines of varying width, make connections between you and your support people (thickest lines for those to whom you feel closest, and thinnest lines to those to whom you feel least close).
4. Circle the names of people who support you at least monthly or more often.
5. Write down the type of support the circled people give you: 1) emotional support (i.e., I talk to them about what I'm feeling), 2) informational support (i.e., I get information and guidance from them), and/or 3) concrete support (i.e., I ask them for favors).
6. Write down what areas in your life the circled people might be of help (e.g., emotional health, skill building, school support, career preparation, extracurricular activities, social support)
7. Add other people who you meet over the course of the program to widen your network. Use a new color to indicate a later addition so you can track how much your support network has grown since the beginning of the program.

Continued on next page.

Sample debrief questions:

- How has your map changed since you began the program? Why? How has that impacted your life?
- What makes some supports more important to you than others? Can you share an example?
- Can you share a story about how your involvement in this program is connected to/has an impact on your support network?
- How has your support network had an impact on your life?
- How do you plan to use your support network to achieve your goals?
- What did you learn about yourself?

Vignettes/Theatre

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation is voluntary. Not participating won't affect your participation in the program.
- You can choose not to participate at any time during the discussion/interview

This activity will help to explore your attitudes, beliefs and behaviors related to [relevant topic] using scenarios. (Optional: We'll also use this activity to explore different possibilities and options for action).

Our process is grounded in our Four Pillars: Respect, Listen, Understand, Communicate™

- Respect for young people's voice and their capacity to influence themselves, their peers, their organizations and the communities they live in.
- Listening deeply to what young people have to say so that we can ensure that our programs and initiatives are rooted in their best interests.
- Understanding what young people have to say by aggregating data generated by participating organizations to demonstrate youth trends and to identify opportunities for long-term change.
- Communicating what young people have to say across the country so that youth, organizations, policy-makers, funders and businesses remain connected and relevant to youth issues.

Before we begin, I would like to go over some of the specific ground rules that will help put the four pillars into action.

- We will have an opportunity to reflect on the scenario individually and discuss the scenario together in the group. I would like to gather any of your notes, audio record our discussion and take notes on a flipchart/paper to capture your thoughts. The audio will be used to fill in the notes to make sure they are complete, but will not include any names.
- Everything you say will be confidential. Only the research assistant who types the transcript will listen to the tape. The comments you make could go in to a report anonymously, but your name will not be attached to any comments.
- Whatever is said in this room stays in the room.
- When more than one person speaks at a time, it is difficult to capture what everybody says, therefore it is important that you talk one at a time.
- Everybody is entitled to their views and opinions – we need to respect them.

Scenario/vignette activity

1. Introduce topic of the scenario
2. Present scenario (e.g., written, audio, video, theatrical performance)
3. Debrief scenario with the group (i.e., collaborative analysis). (Optional: re-enact scenario with different solutions to explore possible actions and impacts)

Sample debrief questions:

- What do you See (or hear) here?
- What is really Happening here?
- How does this relate to Our lives/program?
- Why does this problem or strength exist? Why did it happen? What are the root causes?
- What can we Do about it? What have we Done about it?
- What would you do differently?

Continued on next page.

Integrating Inquiry Into Other Arts-based/Activity-based Method (General)

**N.B. To be tailored and integrated into existing program activities*

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- You can choose not to participate at any time during the discussion/interview

Our process is grounded in our Four Pillars:

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2. Listening deeply to what young people have to say so that we can ensure that our programs and initiatives are rooted in their best interests.
3. Understanding what young people have to say by aggregating data generated by participating organizations to demonstrate youth trends and to identify opportunities for long-term change.
4. Communicating what young people have to say across the country so that youth, organizations, policy-makers, funders and businesses remain connected and relevant to youth issues.

Before we begin, I would like to go over some of the specific ground rules that will help put the four pillars into action.

1. You can keep your [art project/product] after the session. If you agree, we would like to take a digital copy (text, photo, audio, video recording) to document experiences in the program.
2. We will have an opportunity to discuss our artwork together in the group and I would like to audio record our discussion and take notes on a flipchart/paper to capture your thoughts. The audio will be used to fill in the notes to make sure they are complete, but will not include any names.
3. Everything you say will be confidential. Only the research assistant who types the transcript will listen to the tape. The comments you make could go in to a report anonymously, but your name will not be attached to any comments.
4. Whatever is said in this room stays in the room.
5. When more than one person speaks at a time, it is difficult to capture what everybody says, therefore it is important that you talk one at a time.
6. Everybody is entitled to their views and opinions – we need to respect them.

Does everybody agree to these terms? Do you have any questions or comments before we begin?

Select a question to reflect on your experience of the program (or specific activity/program component) and the impacts (for yourself, your family/friends, your school, and/or your community) through your program activity (e.g., journaling, check-out question in a closing circle, spoken word/poetry, music, theatre, video). This can be done individually or in groups.

Sample questions:

- What keeps you coming back to the program/group?
- What are the most important characteristics of the program?
- What have been the challenges in the program?
- What have been your achievements in the program?
- What have you learned in the program?
- How has the program impacted your life outside of the program?
- What are your recommendations for the program?

Continued on next page.

Invite youth and/or staff to share something from their reflection (e.g., excerpts, performance, visual arts). If appropriate, debrief as a group (e.g., collaborative analysis).

Sample questions

- What do you See here?
- What is really Happening here?
- How does this relate to Our lives/program?
- Why does this problem or strength exist? What are the root causes?
- What can we Do about it? What have we Done about it?

If appropriate, use flipchart paper and/or post-its to write down quotes and themes that emerge from the discussion. The group can rearrange and categorize themes to develop their analysis.

Golden-Field RCMP Police Information Check

(The completed application pages to this form have been retained by the issuing agency.)

This is page 1 of 3 pages making up the complete results form; an embossed RCMP seal is required on all pages.

Applicant Name GALLANT: Jocelyn Ann	Applicant DOB 1983-07-26
Position and Volunteer Agency, Group or Employer: <input type="radio"/> Volunteer <input checked="" type="radio"/> Employment <input type="radio"/> Other Students Commission of Canada	

RESULTS OF CRIMINAL CONVICTION CHECK

Records of criminal conviction for which a pardon has not been granted, obtainable through the Canadian Police Information Centre (CPIC) National Repository for Criminal Records Identification Data Bank.

RESULTS: CRIMINAL RECORD CHECK INFORMATION IS BASED ON NAME AND DATE OF BIRTH ONLY

NEGATIVE

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant a search of the RCMP National Repository of Criminal Records did not identify any records for a person with the name(s) and date of birth of the applicant. Positive identification that a criminal record may or may not exist at the RCMP National Repository for Criminal Records can only be confirmed by fingerprint comparison. Not all offences are reported to the RCMP National Repository of Criminal Records. A local police indices check may or may not reveal criminal record convictions that have not been reported.

INCOMPLETE

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant a search of the RCMP National Repository of Criminal Records could not be completed. In order to complete the request, the applicant is required to have fingerprints submitted to the RCMP National Repository of Criminal Record by an authorized police service or accredited private fingerprint company. Positive identification that a criminal record may or may not exist at the RCMP National Repository for Criminal Records can only be confirmed by fingerprint comparison. Not all offences are reported to the RCMP National Repository of Criminal Records. A local police indices check may or may not reveal criminal record convictions that have not been reported.

POSSIBLE MATCH - *SEE LIST BELOW*

Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant a search of the RCMP National Repository of Criminal Records has resulted in a possible match to a registered criminal record. Positive identification that a criminal record may or may not exist at the RCMP National Repository for Criminal Records can only be confirmed by fingerprint comparison. The declared criminal record does not constitute a certified criminal record by the RCMP and may not contain all criminal record convictions. Not all offences are reported to the RCMP National Repository of Criminal Records. A local police indices check may or may not reveal criminal record convictions that have not been reported.

DISCLOSURE OF CRIMINAL CONVICTIONS

DATE	OFFENCE	SENTENCE	LOCATION

DELAYS MAY EXIST BETWEEN A CONVICTION BEING RENDERED IN COURT AND THE DETAILS BEING ACCESSIBLE ON THE RCMP NATIONAL REPOSITORY OF CRIMINAL RECORDS

**H.C.M. Police
Golden Detachment**

BASED ON COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS:

- NOT APPLICABLE** - NO FINGERPRINT SEARCH CONDUCTED
- NEGATIVE** - CERTIFIES THAT OUR SEARCH DID NOT IDENTIFY ANY RECORDS ASSOCIATED WITH THE APPLICANT THAT MAY BE DISCLOSED IN ACCORDANCE WITH FEDERAL LAW.
- MATCH** - A SEARCH IDENTIFIED THAT THE FINGERPRINTS SUBMITTED BY THE APPLICANT WERE CERTIFIED AS IDENTICAL TO THE FINGERPRINTS REGISTERED IN THE REPOSITORY - SEE ATTACHED RECORD OF CONVICTIONS FROM RCMP OTTAWA.

Box 810
Golden, B.C.
V5A 1H0

Applicant Name GALLANT: Jocelyn Ann

Applicant DOB 1983-07-26

RESULTS OF VULNERABLE SECTOR PARDONED SEXUAL OFFENCES CHECK

- A vulnerable sector check was not requested.
- A vulnerable sector check for pardoned sexual offences has been conducted based on a name, gender and date of birth and was met with negative results.
- A vulnerable sector check was verified by fingerprints and name could not be associated to any records that may be disclosed in accordance with Federal Laws.
- A vulnerable sector check was verified by fingerprints and a pardoned record was disclosed to the requesting employer/agency as per Form 1 Consent.
- A vulnerable sector check was requested but can't be processed as the hiring agency is outside Canada.
- A vulnerable sector check was requested but is not applicable as the applicant is too young to have been pardoned for a criminal offence.

RESULTS OF INVESTIGATIVE DATA BANK, COURT & LOCAL POLICE INDICES CHECK

Outstanding Charges: Records of outstanding criminal charges and warrants which the police agency is aware of or are indicated within the Investigative Data Bank of CPIC or any other available police computer systems (e.g. BC PRIME, CPIC, JUSTIN and PIP)	<input checked="" type="checkbox"/> negative – no information that can be disclosed according to federal laws and policies	<input type="checkbox"/> see below disclosure
Other Convictions: Records of convictions that resulted in conditional or absolute discharges, stay of proceedings or Peace Bonds, or other convictions or criminal information, as located on police computer systems (e.g. BC PRIME, CPIC, JUSTIN, PIP or other systems).	<input checked="" type="checkbox"/> negative – no information that can be disclosed according to federal laws and policies	<input type="checkbox"/> see page 3 disclosure
Adverse Contact: Information located on police computer systems (e.g. BC PRIME, CPIC, JUSTIN and PIP) and through local indices checks, <u>including about incidents where no charges were laid, adverse contact with police occurred, or of breaches of provincial statutes.</u>	<input checked="" type="checkbox"/> negative – no information that can be disclosed according to federal laws and policies <input type="checkbox"/> not requested – applicant does not work with vulnerable sector	<input type="checkbox"/> see page 3 disclosure

****If the position involves operation of a motor vehicle, obtain a BC Driver's Abstract from the Superintendent of Motor Vehicles. This Police Information Check does not indicate traffic violation tickets, Motor Vehicle Act or Municipal Bylaw offences****

DISCLOSURE OF OUTSTANDING CHARGES/WARRANTS INFORMATION (if applicable)

DATE	CHARGE & COURT FILE #	POLICE AGENCY	DISPOSITION / RESULT
<p>R.C.M. Police Golden Detachment Box 810 Golden, B.C. VGA 1H0</p> <p style="font-size: 2em; opacity: 0.5;">N/A</p>			

Applicant Name GALLANT: Jocelyn Ann	Applicant DOB 1983-07-26
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DISCLOSURE OF CONVICTIONS NOT LISTED ON CPIC, CONDITIONAL/ABSOLUTE DISCHARGES/STAY OF PROCEEDINGS /PEACE BOND INFORMATION (if applicable)


DATE	CHARGE & COURT FILE #	POLICE AGENCY	DISPOSITION/RESULT
NIL			

DISCLOSURE OF LOCAL POLICE INDICES (ONLY FOR VULNERABLE SECTOR APPLICANTS)

POLICE AGENCY/ FILE NUMBER	APPLICANT'S ROLE	OFFENCE	STATUS
NIL			

The Golden-Field RCMP Detachment will not be responsible for determining whether the results are relevant to any proposed employment or volunteer position. This determination must be made by the employer or volunteer organization in accordance with human rights legislation and employment law.

NOTE: These results do NOT include checks of U.S.A or other foreign jurisdiction records, traffic violations or municipal bylaw offences.


 Golden-Field RCMP
 Authorized Signature

000284436

HRMIS Number

2022-09-20

Date

R.C.M. Police
 Golden Detachment
 Box 810
 Golden, B.C.
 VCA 1H0

RCMP Seal

Oct 15/26

Golden-Field RCMP Police Information Check

(The completed application pages to this form have been retained by the issuing agency.)

This is page 1 of 3 pages making up the complete results form, an embossed RCMP seal is required on all pages

Applicant Name DIVALL: Kristine Michelle	Applicant DOB 1979-05-06
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Position and Volunteer Agency, Group or Employer:
 Volunteer Employment Other **The Students Commission of Canada**

RESULTS OF CRIMINAL CONVICTION CHECK

Records of criminal conviction for which a pardon has not been granted, obtainable through the Canadian Police Information Centre (CPIC) National Repository for Criminal Records Identification Data Bank.

RESULTS: CRIMINAL RECORD CHECK INFORMATION IS BASED ON NAME AND DATE OF BIRTH ONLY

NEGATIVE
 Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant a search of the RCMP National Repository of Criminal Records did not identify any records for a person with the name(s) and date of birth of the applicant. Positive identification that a criminal record may or may not exist at the RCMP National Repository for Criminal Records can only be confirmed by fingerprint comparison. Not all offences are reported to the RCMP National Repository of Criminal Records. A local police indices check may or may not reveal criminal record convictions that have not been reported.

INCOMPLETE
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POSSIBLE MATCH - *SEE LIST BELOW*
 Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant a search of the RCMP National Repository of Criminal Records has resulted in a possible match to a registered criminal record. Positive identification that a criminal record may or may not exist at the RCMP National Repository for Criminal Records can only be confirmed by fingerprint comparison. The declared criminal record does not constitute a certified criminal record by the RCMP and may not contain all criminal record convictions. Not all offences are reported to the RCMP National Repository of Criminal Records. A local police indices check may or may not reveal criminal record convictions that have not been reported.

LIST OF CRIMINAL CONVICTIONS

DATE	OFFENCE	SENTENCE	LOCATION
		/	
		/	
		/	
		/	

DISCREPANCY EXISTS BETWEEN A CONVICTION BEING RENDERED IN COURT AND THE DETAILS BEING ACCESSIBLE ON THE RCMP NATIONAL REPOSITORY OF CRIMINAL RECORDS

BASED ON COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS:-

NOT APPROPRIATE - NO FINGERPRINT SEARCH CONDUCTED

NEGATIVE - CERTIFIES THAT OUR SEARCH DID NOT IDENTIFY ANY RECORDS ASSOCIATED WITH THE APPLICANT THAT MAY BE DISCLOSED IN ACCORDANCE WITH FEDERAL LAW.

MATCH - A SEARCH IDENTIFIED THAT THE FINGERPRINTS SUBMITTED BY THE APPLICANT WERE CERTIFIED AS IDENTICAL TO THE FINGERPRINTS REGISTERED IN THE REPOSITORY - SEE ATTACHED RECORD OF CONVICTIONS FROM RCMP OTTAWA.

R.C.M. Police
 Golden Detachment
 Box 810
 Golden, B.C.
 VCA 1H0

Applicant Name **DIVALL: Kristine Michelle** Applicant DOB **1979-05-06**

DISCLOSURE OF CONVICTIONS NOT LISTED ON CPIC, CONDITIONAL/ABSOLUTE DISCHARGES/STAY OF PROCEEDINGS / PEACE BOND INFORMATION (if applicable)


DATE	CHARGE & COURT FILE #	POLICE AGENCY	DISPOSITION/RESULT
/			
NIL			
/			
/			
/			

DISCLOSURE OF LOCAL POLICE INDICES (ONLY FOR VULNERABLE SECTOR APPLICANTS)

POLICE AGENCY/ FILE NUMBER	APPLICANT'S ROLE	OFFENCE	STATUS
/			
NIL			
/			
/			
/			

The Golden-Field RCMP Detachment will not be responsible for determining whether the results are relevant to any proposed employment or volunteer position. This determination must be made by the employer or volunteer organization in accordance with human rights legislation and employment law.

NOTE: These results do NOT include checks of U.S.A or other foreign jurisdiction records, traffic violations or municipal bylaw offences.


Authorized Signature

000284438
HRMS Number

2021-10-15
Date

R.C.M. Police
Golden Detachment
Box 810
Golden, B.C.
V0A 1H0

RCMP Seal

PUBLIC BOARD MEETING

DATE: December 12, 2023
TO: Board of Trustees
FROM: Karen Shipka, Superintendent of Schools
SUBJECT: Liquor License, DTSS Greenhouse
ORIGINATOR: Al Rice



ISSUE

District Practice 6000: Community Use of School District Property and Facilities, section 2.3 states: *Alcohol is only permitted on District property if permission is obtained from the Board of Education. A copy of a valid liquor license must be provided to the District Administration Office.*

Groundswell Network Society (Groundswell) has requested permission from the Board of Education to serve alcohol at an event at the Greenhouse which it operates at DTSS.

BACKGROUND

The Board of Education has previously approved certain events with alcohol on school grounds where all laws and district policies were followed.

CURRENT SITUATION

Groundswell is hosting a holiday event called Garden of Lights – the Girst Trees on December 15-16 and 22-23 from 5:30pm-9:30pm to raise funds for their non-profit organization. Groundswell has indicated they will abide by all laws and district requirements. Refer to their website: [Groundswell Network Society](#) for further details on Groundswell.

FINANCIAL IMPLICATIONS

This event will be operated in their greenhouse which resides on SD6 property, but no fees will be charged as facilities of SD6 will not be required.

CONCLUSION

District employees would ensure the following were received before the event occurs: liquor license, appropriate insurance, and any other aspects of the facility user agreement.

RECOMMENDATION/POSSIBLE MOTION

THAT the Board of Education of School District No. 6 (Rocky Mountain) approve that alcohol may be served in the Groundswell Greenhouse area only for the Groundswell Network Society event.



REGULAR MEETING: INFORMATION, RECOMMENDATION

DATE: December 12, 2023
TO: Board of Trustees
FROM: Alan Rice, Secretary Treasurer
SUBJECT: Budget Utilization – November 30, 2023
ORIGINATOR: Alan Rice
REFERENCE: Budget Utilization Summary – November 30, 2023



PUBLIC BOARD MEETING

ISSUE

That the Board of Education receive a report on year-to-date operating expenditures compared to budget and prior year data as information.

BACKGROUND

This report is to provide the Board with information concerning fluctuations in operating expenditures on a monthly basis.

CURRENT SITUATION

Instruction: increase of approximately \$1,043,000 from prior year attributable to increase in salaries and benefits. Actual amounts are in line with budget with a variance of 0.50% below estimated for the current year.

Administration: increase of approximately \$82,000 from prior year which is attributable to increases to salaries and benefits. Actual amounts are greater than budgeted with a variance of 4.41% above estimated. The majority of the Districts licenses, due and fees are due on July 1 of each year. Therefore, the variance is anticipated to fall in line with budgeted as the year progresses.

Operations and Maintenance: increase of approximately \$462,000 from prior year. Primarily attributable to increases in salaries and benefits. Actual amounts are in line with budget with a variance of 0.63% below estimated.

Transportation and Housing: increase of approximately \$42,000 from prior year. Primarily attributable to salaries and benefits. Actual amounts are in line with budget at 4.29% below estimated.



PUBLIC BOARD MEETING

CONCLUSION

Expenditures to date are below budget by 0.47% and greater than the prior year by \$1,629,000 for the same timeframe. The operating variance of actual to budget for year-to-date is considered reasonable.

RECOMMENDATION

Continue to monitor on a monthly basis.

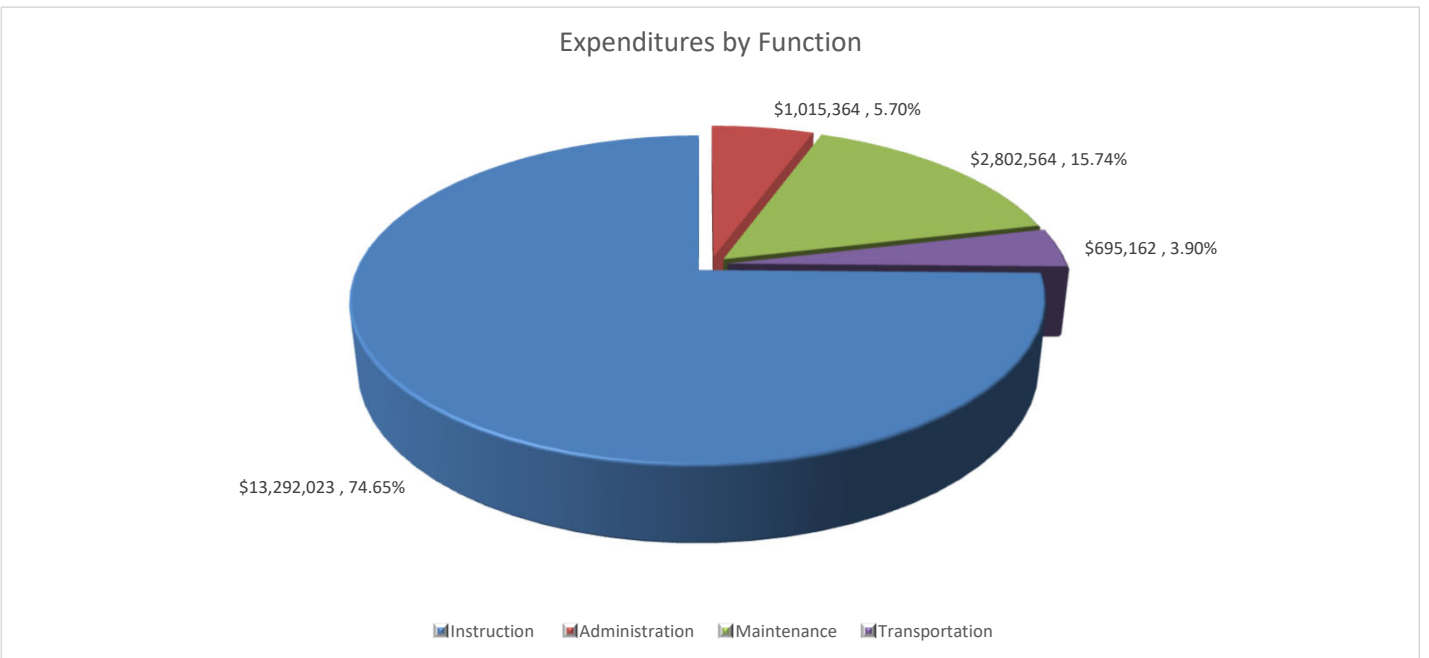
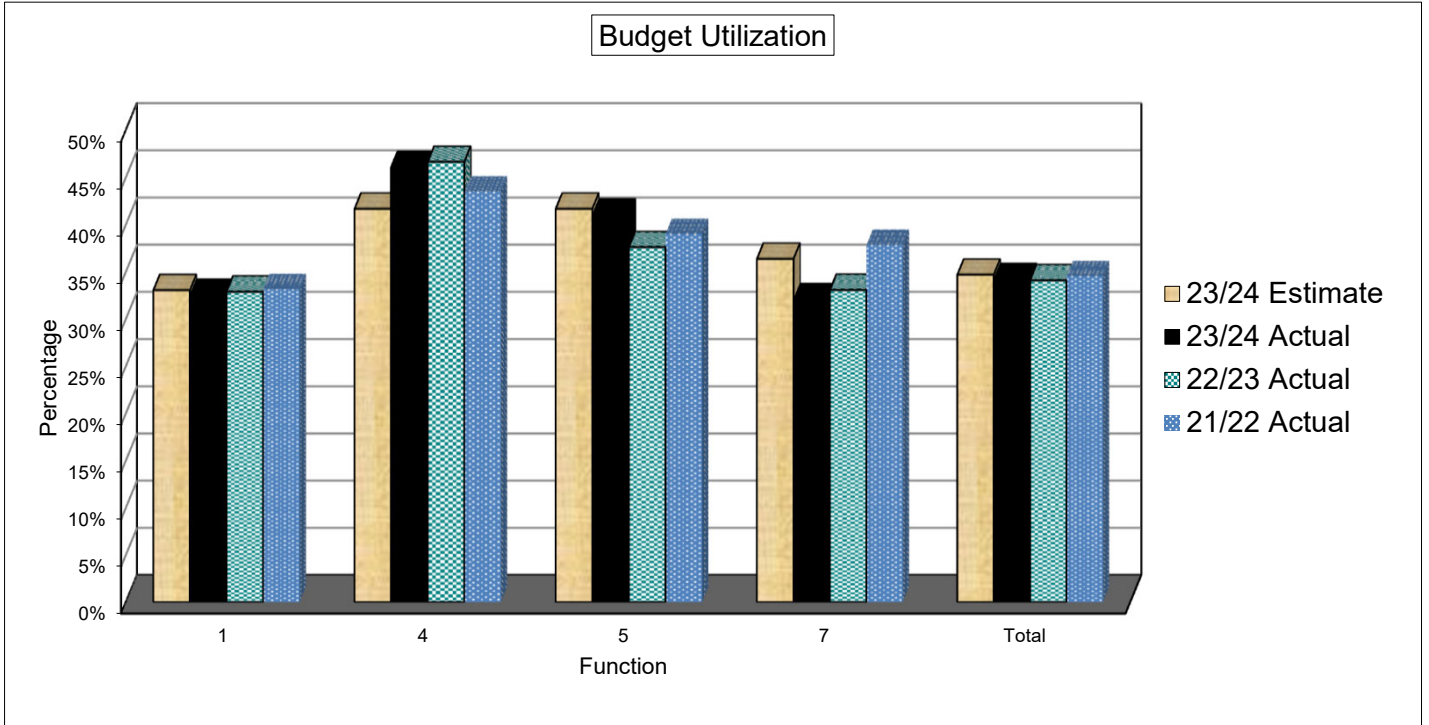
STRATEGIC ALIGNMENT

Resource allocation for student success, budget monitoring and financial stewardship.

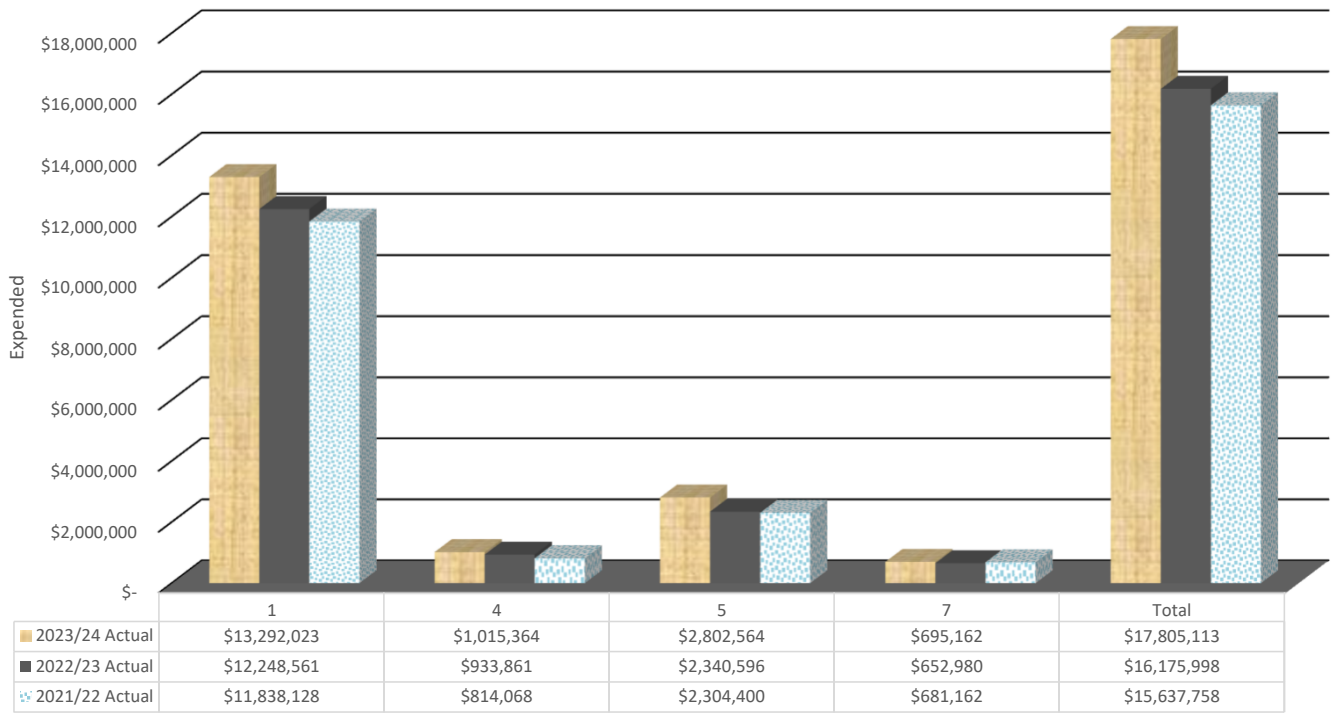


**ROCKY MOUNTAIN SCHOOL DISTRICT
BUDGET UTILIZATION SUMMARY
11/30/2023**

<u>FUNCTION</u>	<u>#</u>	<u>MONTHS</u>	<u>BUDGET</u>	<u>2023/24 EXPENDED</u>	<u>ACTUAL</u>	<u>ESTIMATE</u>	<u>2022/23 ACTUAL</u>
Instruction	1	10	\$ 40,847,924	\$ 13,292,023	32.54%	33.04%	32.88%
Administration	4	12	\$ 2,203,253	\$ 1,015,364	46.08%	41.67%	46.64%
Maintenance	5	12	\$ 6,829,274	\$ 2,802,564	41.04%	41.67%	37.60%
Transportation	7	11	\$ 2,167,853	\$ 695,162	32.07%	36.36%	33.07%
Total			\$ 52,048,304	\$ 17,805,113	34.21%	34.68%	34.09%



3 Year Actual Expenditure Comparison



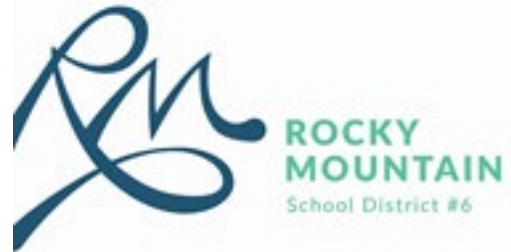
DATE: December 12, 2023

TO: Board of Trustees

FROM: Karen Shipka, Superintendent of Schools

SUBJECT: Indigenous Education Report

ORIGINATORS: Trent Dolgopol, Director of Instruction



REFERENCE: [United Nations Declaration on the Rights of Indigenous Peoples](#)
[Declaration on the Rights of Indigenous Peoples Act](#) (Legislation)
[Declaration on the Rights of Indigenous Peoples Act](#) (Provincial website)
[BC Tripartite Education Agreement](#)
[Delivering on Truth and Reconciliation Commission Calls to Action](#)
[UBC Land Acknowledgement Guide](#)
[Transformative Territory Acknowledgement Guide](#)
[College of Alberta School Superintendents – Acknowledgement of the Land](#)

ISSUE

That the Board receive an update on the status of Land Acknowledgements.

BACKGROUND

The TRC's Calls to Action do not mention a need for acknowledgement statements. Yet their use has been stimulated by land claims and the assertion of treaty rights over many decades (referenced in several foundational documents such as UNDRIP and DRIPA). Land acknowledgment is a practice that pre-dates contact with Europeans.

There are many resources that help define and guide the establishment of Land Acknowledgements. "Territory acknowledgements are traditional Indigenous gathering protocols that honour and recognize the Indigenous peoples who have deep historical and significant ties to the lands where the gathering is taking place. The territory protocol is an ancient cultural practice of Indigenous Nations across Turtle Island (North America) and is essential in demonstrating our commitment to reconciliation by reversing the forced erasure of Indigenous peoples by colonial Canada." – Len Pierre

Resource documents and other sources recommend that one consult with local First Nations to develop an acknowledgement for your local community and nation.

We currently have an established practice of Acknowledging the local territories in Rocky Mountain School District. While there are variations across schools and communities, a common district acknowledgement has been "School District No. 6 (Rocky Mountain) is located on the unceded lands of the Secwépemc and Ktunaxa People, and the chosen home of the Métis People of B.C.". This



PUBLIC BOARD MEETING

acknowledgement is published on our School District website and utilized for many other District communications.

CURRENT SITUATION

Recent dialogue with local First Nations has indicated a desire for SD6 to revise the current Land Acknowledgement. First Nations have expressed that they would like the Land Acknowledgement to focus on acknowledging the land and honoring the First Nations culture, language, and people of the territories where we are.

First Nations suggest that acknowledging the partnerships that the school district has with a diverse range of people and groups be acknowledged separately from Land Acknowledgements.

Additionally, there is a desire to ensure that Land Acknowledgements are genuine and sincere, and Land Acknowledgements may be personalized as a commitment to Truth and Reconciliation.

FINANCIAL IMPLICATIONS

None.

CONCLUSION

SD6 should take the appropriate steps to revise the current Land Acknowledgement to reflect the input provided by local First Nations and supported in many reference documents. SD6 will need to communicate regarding changes and provide guidance to school district staff. Sustained efforts will be required to continue building capacity for delivery of Land Acknowledgements.

KEY MESSAGES

- SD6 will work with local First Nations to establish an institutionally scripted Land Acknowledgement.
- SD6 will provide further guidance to school and district staff.

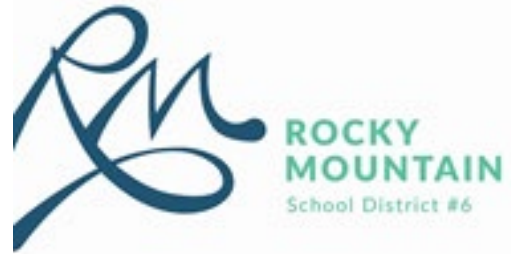
POSSIBLE MOTIONS

That the Board of Education approve an immediate change to the District Land Acknowledgement for School District No. 6 (Rocky Mountain) to “School District No. 6 (Rocky Mountain) is located on the traditional unceded territories of the Ktunaxa and Secwépemc Nations. We honour the cultures, languages, and First Nations people of these territories.”

That the Board of Education support further engagement of local First Nations with the intention of establishing a Land Acknowledgement for School District No. 6 (Rocky Mountain) that affirms alignment with the interests of the First Nations of these territories.



DATE: November 14, 2023
TO: Board of Trustees
FROM: Karen Shipka, Superintendent of Schools
SUBJECT: District Technology Update
ORIGINATORS: Trent Dolgopol, Director of Instruction
REFERENCE: [2023-2024 Operational Plan](#)
[2023-2027 District Technology Plan](#)



ISSUE

That the Board of Education receive the District Technology Update as information.

BACKGROUND

The SD6 Technology Team (Tech Systems Support) continues to implement strategies that support priorities outlined in the District Strategic Plan and District Technology Plan.

The Technology Team uses the information gathered from the District Technology Advisory Committee (DTAC) and the Tech Leaders Network (TLN) as well as feedback from individual staff and students to inform priorities and next steps. Additionally, we use survey data and external review recommendations to assist in the development plans.

CURRENT SITUATION

Recently, the SD6 Tech Systems Support Team has seen staffing changes with a new IT Manager being hired to fill a vacancy resulting from a resignation. As a result of this change, the hiring of an additional Tech Systems Specialist has been delayed.

A Tech Leaders Network in-person meeting was hosted on Monday, November 24th. During this meeting there was a focus on the use of AI (Artificial Intelligence), including sharing about tools currently available, exploring a few of the tools, and discussion about how they can be utilized. We will continue to discuss this topic at upcoming meetings with a focus on the implications for classroom instruction and assessment. Additionally, Tech Leaders reviewed digital resources currently available for integration in classrooms. Feedback is being gathered on resources to help inform decisions about future resources that would best support classroom needs.

A 2023-2024 Technology Learning Plan has been developed which includes offering continued learning opportunities on non-instructional days, as well as throughout the school year at different times that are intended to be accessible to the respective audiences. Tech Systems Support also continues to create new “Guides” and “Learning Videos” to support the needs of District staff and students.

With respect to security, SD6 is developing processes to ensure that appropriate privacy practices are in



PUBLIC BOARD MEETING

place for all District systems. SD6 continues to provide educational resources to school and district staff that support increased awareness about Digital Literacy, including being safe online. We are investigating further learning options for both students and staff to continue building capacity in this area (ie. Security Awareness Training for staff and District-wide presentations for students and parents).

The staff device refresh is now completed and the wireless and wired network refresh is close to completion. Tech Systems Support is working to ensure that new hardware is configured accordingly to ensure optimized performance.

SD6 is currently working towards finalizing a plan for procurement and deployment of new copiers/printers that we expect to refresh current devices during the summer of 2024.

FINANCIAL IMPLICATIONS

The Technology Team collaborates with District staff to plan for future needs and to project budgetary requirements. Appropriate budgets are established, including capital reserves, to support the organizational needs for both the short and long-term goals.

CONCLUSION

We are making progress towards our District goals outlined in the Technology Plan. With sustained efforts and strategic alignment of resources we will continue to progress.

KEY MESSAGES

- SD6 is working towards continued growth in the capacity of staff and students to integrate technology across the curriculum.
- SD6 continues to implement learning initiatives to support Digital Literacy for students and staff.
- SD6 is planning and implementing projects that will sustain a strong technological infrastructure into the future.

STRATEGIC ALIGNMENT

Equity, Diversity, and Inclusion, Success for each learner, Growing the capacity of self and others, and Stewardship for the future.



PUBLIC BOARD MEETING

DATE: December 12, 2023
TO: Board of Trustees
FROM: Karen Shipka, Superintendent of Schools
SUBJECT: Operational Plan Update
ORIGINATOR: Steve Wyer, Assistant Superintendent
REFERENCE: [Rocky Mountain: Operational Plan 2023-2024](#)



ISSUE

The Board of Education will receive an update on the progress of the 2023-2024 Operational Plan

BACKGROUND

In the Fall of 2023 Rocky Mountain School District embarked on a new four year strategic cycle. The four priorities of this cycle are advanced by the specific actions outlined in the Operational Plan each year.

To keep the Board informed, the district will share updates to the operational plan when new evidence and data is available. Monitoring the progress of the Operational Plan allows district teams to adjust and refine objectives in order to have a better chance of meeting the expected outcomes of the plan.

The Operational Plan is broken down into four main priority areas. Under each priority area are listed specific strategies with outcomes and measures. In the section below, progress will be broken down for strategies in all areas.

CURRENT SITUATION

Priority 1 – Equity, Diversity, and Inclusion

Access to Early Years Programming

Members of the district early years team, district partners, and school principals have been working to improve and enhance transitions for families into the system at kindergarten. Some of the accomplishments related to the objectives of the operational plan are:

- Expansion of Ready, Set, Learn to children from birth to 5 years old. Resulted in attendance of over 175 families across the district at all events.
- Events are planned for this year in all communities with interagency partners at each event.
- Site based principals and district staff are using data gathered from the Childhood Experiences Questionnaire to design better access to community services and programs for pre-kindergarten children. Programs such as StrongStart are a focus for increased participation.



PUBLIC BOARD MEETING

Racial Equity Planning

With respect to designing and implementing a District Racial Equity Plan, the district has begun the first steps to grow knowledge and appreciation for the concept of racial equity with site-based principals. Through working with a consultant from UBC, district principals participated in two sessions related to racial equity awareness. The objective of the work, so far, has been for district leaders to explore how their personal values align with the values of racial equity so they are most able to lead this work in the organization.

Interagency Relationships

District student support services staff have had the first of two meetings between student care agencies: Ktunaxa Kinbasket Family Services and the Ministry of Children and Families. The intent of the meetings so far has been to establish partnerships that will lead to enhanced care for students. Agencies have been designing terms to share important information between each other to better support urgent student need.

Communication Strategy

The district has adopted a communication strategy to improve overall transparency of process and enhance engagement opportunities. A number of actions have been completed towards the communication strategy.

- In person and online engagement on district strategic planning and school planning
- Raise awareness of student and school achievement through social media presence
- Enhance policy engagement by creating an online input space for public to provide feedback for policies under consideration.
- Expand policy distribution to all partners
- Distribution of a “what we heard” report to summarize public feedback to school communities.

Administrative Fairness

The district committed to developing policy and practices related to administrative fairness in the operation of the organization. Within the last year, the Board of Education has considered and adopted many policies related to overall transparency of process and procedural fairness and clarity. Some of these policies are:

- 2350 – decisions related to conducting research and gathering information from students
- 2800 – processes and protection for reporting financial wrongdoing within the organization
- 2900 – process and decision model for naming and renaming schools
- 2850 – relates to all public disclosures within the school district aligned with the *Public Interest Disclosure Act*. Ensures the public of transparent process and routine reporting of all public disclosures.

To build ongoing fair decision-making practices, the district leadership team has made it a requirement for all members to review an adopt a decision-making model and share this model with their educational community. Currently, some have done this. All are engaging in this work.



Well At Work

The 2023-2024 operational plan describes efforts by the district to learn more about employee wellness with the objective being to develop a future employee wellness plan. To date the district has formed a District Wellness Committee comprised of trustees, teachers, site principals, CUPE members, and business staff. The district has also hired the services of an advisor from Well at Work. Well at Work is an organization partnered with the Education Canada Network – of which Rocky Mountain is a member. The advisor met with the committee on December 7. In the new calendar year, the committee will launch an employee wellness survey to all staff. The expected timeline should allow for a meaningful wellness plan in place for September 2024.

Priority 2 – Success For Each Learner

Kindergarten Transition

A timelines document for successful Kindergarten Transitions is currently in DRAFT form. This document will achieve a level of consistency for kindergarten transition activities throughout the district. Dinner meetings are scheduled in January in Kimberley, Invermere, Golden to meet with child care providers, K-principals, DPVPs, district-level support staff, and other early years partners to discuss, gather feedback and input. We will trial run the process this year and tweak as needed based on reflection and feedback for the following year.

Supporting Dimensions of Student Success

1. Physical

a. Outdoor and Indigenous

All schools are committing to increasing the frequency of learning on the land. For most schools this means cultivating learning opportunities connected to curricular concepts but also happening in physically relevant spaces. For example, one school learning about the science concepts of migration, this year, learned this concept in the wetlands and while viewing the wildlife. This same group was able to reflect on ways the First Nations of the land also learned from the animals in the same setting. The district continues to add new outdoor learning spaces to schools. Edgewater will complete a sheltered outdoor learning space this Spring or early next Fall.

Many schools have adopted a focus of building out Indigenous education resource libraries to support place conscious learning. Participating teachers in the DPVP learning series have experienced the Indigenous ceremony of smudging and more employees each year are experiencing the blanket exercise.

As more school participate in learning through food production and the “honest harvest”, physical student connections to the land are enhanced. Schools, such as J. A. Larid students are centering sustainability education in their local food gardens. This practice is expanding to other sites. One of the focus areas for secondary schools was to increase the outdoor learning opportunities for their students. Golden Secondary School is also adopting learning from their food gardens into multi-subject curricular planning.



2. Mental

a. Numeracy and Literacy

All schools have been supporting local strategic plans with respect to growth in literacy and numeracy. Additionally, the district has completed fall learning assessments in the areas of literacy and numeracy for all students grades 1-9. This data creates a learning baseline allowing schools to see their growth throughout the school year. The baseline results for fall do not expect mastery in the subject area since it is early in the learning. However, the data for the 2023 baseline is very similar to the data from other years. This information also helps schools identify areas of learning that are strengths in their schools as well as identify the most significant opportunities for growth. The district provided all principal with an analytics summary for their school. During the months of November and December principals and school leaders will be talking about what they are noticing about student learning at their schools. They will be using evidence from our district assessments, classroom data such as report cards, and provincial measures like the Foundation Skills Assessment to compare information from multiple sources. Based on these conversations, schools will know how to adjust their planning and delivery of learning.

The Ministry of Education and Child Care released the BC Pathways to Learning this past summer. This model is a collection of resources that use descriptive language to describe what proficiency looks like in numeracy and literacy K-12. This document is the backbone of language that is required to further educate parents and set measurable learning objectives with staff and students. In Rocky Mountain, school principals have begun to explore the languages of proficiency through District Leadership Team Meeting activities. Teachers are being offered an introduction to the proficiencies language through the supports of the District Principals and Vice Principals.

Another milestone for the district in this area is the full implementation of a numeracy and literacy assessment framework that is aligned with the BC Learning Pathways. With the introduction of the pathways, all districts must revisit the language and processes they use to assess learning. Rocky Mountain is ahead provincially in this work.

3. Emotional

a. Mental Health in Schools Strategy

Through the Fall, District Counsellors have collaborated to create and deliver professional development on social emotional skill instruction. Working with the *MindUp* curriculum, teachers of Kindergarten – grade 4 had the opportunity to come together to talk about social emotional skill development and instruction, as well as share not only the *MindUp* curriculum as a foundational professional resource, but a variety of other supportive resources and strategies. Of significance, teachers were also introduced to the BC Ministry of Education self-study course *MindUp for Educators: Well-Being and Mindful Teaching* to support their own well-being.



In early November, high school Counsellors, along with all Physical and Health Education (HPE) 10 teachers from across the district, came together, to receive professional development in Mental Health Literacy. Mental well-being is reflected in the PHE 10 curriculum, and this professional learning served to support teachers in providing instruction on this very important topic. HPE 10 teachers reported an increased feeling of self-efficacy in helping adolescents recognize healthy mental health in themselves and their peers, and who they can turn to for help when in distress.

Mental Health Literacy resources to support professional learning with school staff is in development, with planned presentation through the Spring. As well, we welcome teachers of Grades 5 – 8 to *MindUp* learning on two separate occasions before the end of the school year.

4. Spiritual

a. Positive School Climate

Towards cultivating positive climate all schools have begun this work by reviewing their school’s mission, vision, and values. Some schools have completed this and are working towards teaching and embedding their values in their daily learning. In monthly meetings with school principals, members of the senior team are facilitating progress discussions on climate, culture, and values alignment. Furthermore, the district has shared a draft climate plan with principals and is seeking feedback on a rough version of the plan. It is expected a more refined and vetted climate plan will be available mid-winter. Schools will be able to use this plan to begin next year thinking about school climate strategy. This year, they are laying groundwork.

Priority 3 – Growing Capacity of Self and Others

1. Growing Leadership Capacity

The district continues to place a high value on the capacity of site-based leaders to move the needle on organizational performance. Through monthly meetings with the team of principals and district staff, the focus this year has been on developing a cogent decision-making model and communicating the way decisions are taken to the educational community of the school. Additionally, this year, principals are supported through monthly school planning meetings to ensure they have the capacity and supports required to lead for student achievement. The feedback about the support model this year has been positive from principals. Additionally, principals have shared evidence of learning much earlier in the year than previous. Before the end of the year, district staff will survey principals and vice-principals to inform planning and measures of success in this area.

2. Meaningful Learning Opportunities

Principals and vice principals have also been participating in learning about the new BC Pathways for Learning. This Pathways framework provides educators with language that describes what proficiency looks like in numeracy and literacy. This language is important to be able to provide students and families with useful feedback about learning. The principals began this year by diving into report card comments from around the district to sort student comments into the categories of proficiency in the Pathways model. Through this learning opportunity principals were able to determine where the focus had been in instruction, the areas of strength, and the areas for growth.



3. Develop Instructional Capacity

To advance learning for all staff about the BC Learning Pathways, principals received two days of learning at the summer leadership retreat. Principals got to work sorting numeracy report card comments in to the 5 aspect areas of the numeracy proficiency language: Solve, Communicate, Apply, Interpret, and Analyze. Principals quickly realized numeracy learning has been heavily weighted towards solving. Shifts in numeracy learning are towards instruction emphasizing the other aspects of proficient numeracy skill. They have taken this learning back to their school teams and in many schools the same learning has been duplicated. Numeracy and Literacy Leadership teams of teachers have met once already this school year to unpack classroom experiences using the BC Learning Pathways language. The District Principal and Vice Principal team have been brought two dinner learning session to each community based in the need for numeracy learning, learning about Indigenous content through the lens of the new BC Learning Pathways.

As the conversation about the BC Learning Pathways expands, the focus on using the proficiency benchmark language from the pathways will become a focus of learning opportunities for all staff.

4. Professional Collaboration

School teams are continuing to design meaningful teacher collaboration opportunities. Using the model of Instructional Rounds has been the foundation for collaboration over the last three years. However, this school year, school teams are expanding all aspects of this work to increased levels of engagement. Many teams are articulating “problems in practice” as a focus and collecting data over 6 weeks intervals to measure growth. Other schools, such as Golden Secondary School and David Thompson School have expanded their teacher leadership models to include professional learning teams centered on areas of teacher passion connected to school plans. More and more, the district is seeing schools embed opportunities for teacher to collaborate into the regular instructional day.

Priority 4 – Stewardship for the Future

1. Moving Forward with Truth and Reconciliation

This goal area includes two strategies. One of the strategies is to build on the learning from the district wide learning of the Four Seasons of Truth and Reconciliation from last operational plan. Towards this goal the leadership team of the district has read Valley of the Birdtail and has debriefed the important concepts related to Truth. The district leadership team also came together to learn more ways to lead this work with a two-day session hosted at St. Eugene’s Mission. Learning was facilitated by members of the Ktunaxa First Nation. Some school teams have included pursuing learning in season 2 of the Four Seasons modules as part of their school plans. Season 1 is required learning for all new employees to the organization.

The second aspect of this goal is to review the Indigenous Targeted Funding Model. Partners and members of the Indigenous Education Department have begun discussions about how to best allocate monies from this fund to best meet the need of Indigenous students. As a result the department has submitted a proposed funding structure for review with district staff and partners. The intended outcome is that targeted funds will be better aligned to the needs of Indigenous learners.



2. Global Sustainability and Reducing the Carbon Footprint

Towards this goal, the district has successfully implemented a universal breakfast program for all schools in the district. Staffing for these programs continues to be challenging. The Community LINK workers in each community are coordinating the programs with the schools. However, schools have done a great job of delivering the program, nonetheless.

Towards the strategy of reducing paper usage in the school district, the district began its move towards digitizing processes that used to employ hard paper copies. The first process to be digitized was the school start up process this year. Additionally, new student registration has also been moved online. The district and the teachers' association were successful in bargaining that the Collective agreement would no longer be printed for every teacher in the district. Ongoing agreements will live in digital form for all to access.

In January, the district will begin its review of the district transportation model. The transition to EVs for the White Fleet will be part of this conversation.

Human Resources Update

The Human Resource Department has been working towards strategies of hiring the best candidates, supporting teacher collaboration opportunities, building sustainable recruiting strategies, and investing in leadership succession. Some of the progress towards these strategies are:

- Two unassigned contract teachers have been hired to each community to support release time for teacher collaboration.
- The Aspiring Leaders Program is running for its fourth year. Currently, the district employs 3 principals who were teachers in this program.
- The HR department has compelled U Vic to seek funding from the government to establish a community-based teacher education program in the East Kootenay.
- Staff from the SD 6 HR department sit on the BCPSEA incentives working group to help design province wide incentives to recruit teachers to remote and rural districts. Sd 6 will benefit from this work.

Technology Update

A Tech Leaders Network in-person meeting was hosted on Monday, November 24th. During this meeting one focus was the use of AI (Artificial Intelligence), including sharing about tools currently available, exploring a few of the tools, and discussing how they can be utilized. We will continue to discuss this topic at upcoming meetings with a focus on the implications for classroom instruction and assessment. Additionally, the Tech Leaders reviewed digital resources that are currently available for integration in classrooms. Feedback is being gathered on resources to help inform future resources that would best support classroom needs. A 2023-2024 Technology Learning Plan has been developed which includes offering continued learning opportunities on non-instructional days, as well as throughout the school year at different times that are intended to be accessible to the respective audiences. Tech Systems Support also continues to create new Guides and Learning Videos to support the needs of District staff and students.



PUBLIC BOARD MEETING

With respect to security, SD6 is developing processes to ensure that appropriate privacy practices are in place for all District systems. SD6 continues to provide educational resources to school and district staff that support increased awareness about Digital Literacy, including being safe online. We are investigating further learning options for both students and staff to continue building capacity in this area (ie. Security Awareness Training for staff and District-wide presentations for students and parents).

Staff device refresh is now completed. Wireless and wired network refresh is close to completion and Tech Systems Support is working to ensure that new hardware is configured accordingly to ensure optimized performance of the networks. SD6 is currently working towards finalizing a plan for procurement and deployment of new copiers/printers that we expect to refresh current devices during the summer of 2024.

Finance Update

Our main goal for 2023-24 is to successfully convert the Enterprise Resource Planning software called SparkRock. The finance module became live on November 1, 2023. We are working with SparkRock to test the Payroll/HR modules and anticipate to go live on March 1, 2024.

Transportation:

The Operations team, in collaboration with the tech team, has made substantial progress in implementing the new Busplanner Software. As we enter the new year, the Operations Team will focus on identifying data conflicts and conducting comprehensive testing of the software to ensure its seamless functionality.

Facilities:

We are pleased to report that our grant application through Clean BC Initiative was approved, contingent on conducting an assessment by a recommended vendor. Prism Engineering has been selected for this project, and initial reports have been received, outlining a roadmap for vehicle replacement. To facilitate this initiative, we are in the process of upgrading the electrical service in Golden and Kimberley.

In line with our sustainability goals, the Operations team has executed two lighting upgrade projects, transitioning Nicholson Elementary in Golden to LED lighting successfully. The second project at McKim Middle School in Kimberley is scheduled for completion over the Christmas break. Furthermore, the replacement of rooftop units at Marysville Elementary, Edgewater Elementary, and Windermere Elementary has been successfully completed. The Operations team is actively engaged in installing heat pumps at DTSS in Invermere. Additionally, the solar panel tie-in at GSS has been finalized, awaiting collaboration with the Technology team for WIFI connectivity.



CONCLUSION

District work towards realizing the outcomes of the 2024 Operational Plan is well underway. The district will continue to monitor these strategies through a collaborative process with the leadership teams and through communication and support for the ongoing work of school teams. Another update will be provided in March 2024.

PUBLIC BOARD MEETING



December 2023

Including Winter Concert and Events

Golden Zone – Green Windermere Zone – Blue

Kimberley Zone – Red

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5 Labour Relations Committee Virutal 12:30	6	7	8	9
10	11	12 Board of Education Meeting, Virtual 6:00 pm In-Camera 7:00 pm Regular	13 Edgewater Elementary School Christmas Concert/Celebration 6:30 pm	14	15	16
17	18 Golden Secondary School Winter Concert 7:00 pm	19 Lindsay Park Elementary School School Winter Variety Show at McKim Theatre 5:00 pm	20 Marysville Elementary School concert 12:45 pm Selkirk Secondary School Winter Concert at McKim Theatre 7:00 pm Martin Morigeau Elementary School Winter Celebration 1:30pm and 6pm (tentative times)	21	22 Alexander Park Elementary School Santa Breakfast Nicholson Winter Festival 10:00 am – 12:00 pm	23
24	25 Christmas Winter Break	26 Boxing Day Winter Break	27 Winter Break	28 Winter Break	29 Winter Break	30
31						

January 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 Winter Break	2 Winter Break	3 Winter Break	4 Winter Break	5 Winter Break	6
7	8	9 Board of Education Meeting, Virtual 6:00 pm In-Camera 7:00 pm Regular	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 BCPSEA AGM – Online	26 BCPSEA AGM - Online	27
28	29	30 Policy Committee Virtual at 4:30 pm	31 Field Trip Committee Virtual at 4:30 pm			