



Youth Survey

On behalf of the Positive Youth & Family Development Workgroup of The Partnership, we'd like to ask you to help us find out what youth are interested in, what is going on in your lives, and what you do for fun! The information gathered from this survey will help us to assist you in tackling some of the issues that are facing you today.

What is your age? _____ Male or Female? _____

What area in Carroll County do you live? _____

What school do you attend? _____

Please check as many as you think are issues facing our youth today:

_____ Teen view of "everything is all about me"

_____ Risky Behaviors

_____ Substance Abuse _____ Behavioral Health _____ Bullying

_____ Teen Sex/Pregnancy _____ Gangs _____ Smoking

_____ Unsafe Driving, Cell Phone Use, & Texting while driving

_____ Peer Pressure

_____ Eating Disorders / Healthy Nutrition / Diabetes

_____ Domestic Violence & Boundaries

_____ Being faced with adult responsibilities while still a youth

_____ Money Management

_____ Manage a checkbook/online banking

_____ Where should I save my money (CDs, bonds, etc.)?

_____ How can I/we save for college?

_____ Should I have a job during high school?

_____ Relationships

_____ how to be cool without being inappropriate

_____ how to impress the girl

_____ how to be a "lady"

_____ Family Relationships (dysfunctional relations)

_____ Vocational Tech/College – which is best for me?

_____ Where will I be in 5 years? 10 years?

_____ Teen/Adult mentoring programs

_____ Identifying adult role models

_____ Business Etiquette

_____ Online/Social Media Etiquette

_____ Other _____

Please indicate your own interests/hobbies:

_____ Sports

_____ Basketball	_____ Soccer	_____ Field Hockey
_____ Football	_____ Cheerleading	_____ Lacrosse
_____ Baseball	_____ Softball	_____ Golf
_____ Gymnastics	_____ Dance	
_____ Other, please list _____		

_____ Arts

_____ Vocal music	_____ Instrumental music	_____ Theater/Drama
_____ Arts & Crafts	_____ Literature/Poetry	

_____ Leisure Activities

_____ Skateboarding	_____ Shopping
_____ Bike riding	_____ Music
_____ Other, please list _____	

_____ Community Service

_____ 4-H	_____ Boy Scouts/Girl Scouts
_____ YMCA	_____ Church/Synagogue activities
_____ Other, please list _____	

If the decision is made to hold an event, would you prefer:

_____ Inside	_____ Outside
_____ Weeknight	_____ Weekend
_____ Daytime	_____ Evening

“What do you think?” – Please use the space below to add any additional comments you may have.

If you would be interested in helping to plan an event based on the needs mentioned by survey participants, please add your name and telephone in the space below and someone will contact you.

Name _____ Phone _____

Please return completed survey by October 9th to the address or e-mail listed below or contact the person who sent you this request for pick up.

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