



## Men of Courage II Youth Mentoring Series

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# Youth Self-Evaluation Survey

Please take a moment to help us evaluate your experience in the Men of Courage II Youth Mentoring Series. For each of the sections below, **answer each question honestly**. Check one box that fits best.

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### EVALUATION OF MYSELF

#### 1. I am always doing things with a lot of kids.

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

#### 2. I wish more people my age like me.

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

#### 3. I find it difficult to make friends.

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

#### 4. I would like to have more friends.

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**5. I am popular with my others of my age.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**6. I have a lot of friends.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**HOW DO YOU FEEL ABOUT YOUR SELF-CONFIDENCE IN TERMS OF COMPLETING YOUR SCHOOLWORK?**

**7. I have trouble figuring out answers in school.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**8. I feel that I am just as smart as other kids.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**9. I am very good at completing my schoolwork and confident that my answers are correct.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**10. I am not very good at completing my schoolwork.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**11. I often forget what I learn.**

- Not true at all
- Not very true
- Sort of true
- Very true
- I don't know

**MY PLANS FOR HIGH SCHOOL AND COLLEGE**

**12. How sure are you that you will make it to high school?**

- Not sure at all
- Not very sure
- Sort of sure
- Very sure
- I don't know
- Not applicable – I am currently in high school.

**13. How sure are you that you will receive your high school diploma?**

- Not sure at all
- Not very sure
- Sort of sure
- Very sure
- I don't know

**14. How sure are you that you will go to college?**

- Not sure at all
- Not very sure
- Sort of sure
- Very sure
- I don't know

**15. How sure are you that you will receive your college degree?**

- Not sure at all
- Not very sure
- Sort of sure
- Very sure
- I don't know

**CURRENT GRADES / MARKS – PERSONAL EVALUATION**

**16. What type of grades / marks are you receiving in mathematics?**

- Not good at all (F)
- Not so good (D)
- Average (C)
- Very good (B)
- Excellent (A)

**17. What type of grades / marks are you receiving in reading or language arts?**

- Not good at all (F)
- Not so good (D)
- Average (C)
- Very good (B)
- Excellent (A)

**18. What type of grades / marks are you receiving in social studies?**

- Not good at all (F)
- Not so good (D)
- Average (C)
- Very good (B)
- Excellent (A)

**19. What type of grades / marks are you receiving in science?**

- Not good at all (F)
- Not so good (D)
- Average (C)
- Very good (B)
- Excellent (A)

## HOW DO YOU FEEL WHEN YOUR PEERS DO CERTAIN THINGS?

**20. What do you think about your peers using tobacco (cigarettes, cigars, marijuana, smokeless and chewing)?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**21. What do you think about your peers taking drugs that are not given to them by a parent or a doctor?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**22. What do you think about your peers drinking alcohol whether their parents know or not?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**23. What do you think about your peers skipping school without permission?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**24. What do you think about your peers being consistently late for school?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**25. What do you think about your peers hitting someone because they didn't like something they said or did?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**26. What do you think about your peers using social media to "bully" someone in school?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**27. What do you think about your peers breaking or disregarding general rules in school?**

- It's not okay
- It's sort of okay
- It's mostly okay
- It's perfectly okay
- I don't know

**HOW ARE THINGS GOING WITH YOUR PARENTS / GUARDIANS? IF YOU LIVE WITH BOTH PARENTS / GUARDIANS, PLEASE CONSIDER THE PARENT / GUARDIAN THAT YOU FEEL CLOSEST TO.**

**28. How often do I feel that my parents / guardians respect my feelings?**

- Never
- Hardly ever
- Not ever often
- Sometimes
- Pretty often
- Always
- I don't know

**29. How often do I feel that my parents / guardians respect who I am as an individual?**

- Never
- Hardly ever
- Not ever often
- Sometimes
- Pretty often
- Always
- I don't know

**30. How often do I feel that my parents / guardians try to understand when I am angry or upset about something?**

- Never
- Hardly ever
- Not ever often
- Sometimes
- Pretty often
- Always
- I don't know

**QUESTIONS ABOUT YOUR BEHAVIOR THE LAST 30 DAYS**

**31. Late to school?**

- I have not been late in the last 30 days
- I was late 2 or less times in the last 30 days
- I was late 3 or more times in the last 30 days

**32. Absent from school?**

- I have not been absent in the last 30 days
- I was late 2 or less times in the last 30 days
- I was absent 3 or more times in the last 30 days

**CURRENTLY IN YOUR LIFE, IS THERE AN ADULT INDIVIDUAL (NOT YOUR PARENT / GUARDIAN) WHO YOU OFTEN SPEND TIME WITH? A SPECIAL ADULT IS SOMEONE WHO DOES SPECIAL THINGS FOR OR WITH YOU. FOR EXAMPLE, SOME WHO (A) YOU LOOK UP TO AND ENCOURAGES YOU TO DO YOUR BEST (B) WHO YOU TRULY FEELS WANTS THE BEST FOR YOU (C) WHO INFLUENCES YOU AND THE CHOICES THAT YOU MAKE AND (D) WHO YOU CAN BE OPEN AND HONEST ABOUT THINGS / PROBLEMS THAT ARE TROUBLING OR BOTHERING YOU.**

- Yes, I have someone in my life like that that currently.
- No, I don't have someone in my life like that currently.

**THIS QUESTION ASKS ABOUT YOUR BEHAVIOR IN THE LAST 12 MONTHS. PLEASE REMEMBER THAT ALL OF YOUR ANSWERS WILL BE KEPT CONFIDENTIAL.**

**In the last 12 months, have you been arrested for a crime, offense or a violation?**

- No
- Yes, 1 to 2 times
- Yes, 3 to 4 times
- Yes, more than 5 times

**Additional Comments:**

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**About You:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

May we add you to our distribution list, which offers MOC news and event information? Yes No

***Thank you for your participation!***