

Participant Exit Interview

Date: yr/mo/day _____

Name or ID : _____

(employment skills program)

1. What did you like best about being part of the program? _____

2. What did you find frustrating about the program? _____

3. What things have you learned that will help you find work? _____

4. What do you think employers expect from their employees? _____

5. What are some new things you got to try or do because you are in the program? _____

6. What careers interest you? _____

7. What were the three most important things you learned during this program?

Adapted from the Winnipeg Boys and Girls Clubs, Step-Up program, Manitoba, 2004

Focus Group Questions After Camp Trip

Date: (yr/mo/day)

Name of interviewer:

Name(s) of participants:

1. Tell me about yourself.
2. Do you feel your training prepared you for the adventure trip?
3. How well did you get along with the other members of your group at camp? Your counselor? People at the campground? Scout Interpreter (ie. Name person)?
4. When you think about the camp, what are three feelings that you think about?
5. How did the camp make you feel about yourself?
6. What were the most and least favorite activities? And why?
7. Do you feel you could generalize or take what you learned back to the campus?
8. How was the length of the trip? Was it too long, too short or just right?

From Wood's Homes, Calgary, AB, 2004

Participant questionnaire: pre- and post-program

SECTION A: FRIENDS AND FAMILY

The following statements are about your friends and family.
Please answer each question.
Mark your answers like this

- | | |
|---|---|
| 1. I get along with kids easily. | <input type="checkbox"/> False
<input type="checkbox"/> Mostly false
<input type="checkbox"/> Sometimes false / Sometimes true
<input type="checkbox"/> Mostly true
<input type="checkbox"/> True |
| 2. About how many days a week do you do things with friends outside of school hours? | <input type="checkbox"/> Never
<input type="checkbox"/> Less than once a week
<input type="checkbox"/> 1 day a week
<input type="checkbox"/> 2-3 days a week
<input type="checkbox"/> 4-5 days a week
<input type="checkbox"/> 6-7 days a week |
| 3. Other than your parents or guardians, are there any other adults who you can talk to and who help you? | <input type="checkbox"/> Yes Go to question 4
<input type="checkbox"/> No Skip the next few questions and go to Question 8 |

From Overbrook-Forbes Community Resource Centre, Ottawa, ON, 2003. Based on selected questions supplied by Offord Centre for Child Studies.

4. What is their relationship to you?
(Mark everyone you feel you can talk to about yourself and your problems.)

- Grandparents
- Older brother or sister
- Aunt, uncle or other relative
- A friend of the family
- Sitter or babysitter
- Parent's boyfriend / girlfriend
- Teacher
- Coach or leader (e.g., scout or church leader)
- Someone else **(write down who)**

5. Of these people, who do you do most things with?
(mark only one box)

- Grandparents
- Older brother or sister
- Aunt, uncle or other relative
- A friend of the family
- Sitter or babysitter
- Parent's boyfriend / girlfriend
- Teacher
- Coach or leader (e.g., scout or church leader)
- Someone else **(write down who)**

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<p>6. How often do you spend time with this person ? (mark only one box)</p>	<p><input type="checkbox"/> Most days</p> <p><input type="checkbox"/> A few times a week, about once a week</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> About once a month</p>
<p>7. What kind of things do you do with this person? (mark all the things that you do?)</p>	<p><input type="checkbox"/> Play sports or do other physical activities</p> <p><input type="checkbox"/> Take part in arts and crafts, music or dance activities</p> <p><input type="checkbox"/> Go on outings (e.g., to the zoo, movies, sports events, etc.)</p> <p><input type="checkbox"/> Do other things (write down some of these things)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8. During the past 6 months, how well have you gotten along with other children such as your friends and classmates?</p>	<p><input type="checkbox"/> Very well, no problems</p> <p><input type="checkbox"/> Quite well, hardly any problems</p> <p><input type="checkbox"/> Pretty well, occasional problems</p> <p><input type="checkbox"/> Not too well, frequent problems</p> <p><input type="checkbox"/> Not well at all, constant problems</p>
<p>9. During the past 6 months, how well have you gotten along with your brothers and sisters?</p>	<p><input type="checkbox"/> Very well, no problems</p> <p><input type="checkbox"/> Quite well, hardly any problems</p> <p><input type="checkbox"/> Pretty well, occasional problems</p> <p><input type="checkbox"/> Not too well, frequent problems</p> <p><input type="checkbox"/> Not well at all, constant problems</p>

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SECTION : MYSELF

The following statements are about you and how you deal with problems.

Please answer each question.
Mark your answers like this

1. If another child frustrates me, I am most likely to:

- Talk to the other child about it
- Take a deep breath and move somewhere else
- Ignore him/her
- Try to get others to dislike him/her
- Attack the other child, by yelling or hitting

2. I offer to help other children (friend, brother or sister) who are having difficulty with a task.

- False
- Mostly false
- Sometimes false / Sometimes true
- Mostly true
- True

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