

Working Impact Youth Survey



We appreciate your taking time to complete this survey!

What you think about your program experience is very important to us. If the program is not working for you, then it does not work for us. In a survey, there are no right or wrong answers. Good or bad, your answers WILL NOT impact any future opportunities. We want you to feel safe giving honest answers.

SECTION 1 responses are reported confidentially. Responses will be reported **without your name** or contact information unless there is concern for your safety.

SECTION 2 responses on education/career supports are reported **with your name** so that we can provide you with resources

Questions marked with an asterisk * are required and must be answered to progress through the survey.

LOOK BACK AND REFLECT ON YOUR OVERALL EXPERIENCE

Mark how much to you agree with each statement. For the Supervisor Questions: *

- Filling this out for a **school class**? Supervisor is your teacher.
- Filling this is out for an **after school or extended learning program**? Supervisor is your instructor.
- Filling this out for a **job/internship program**? Supervisor is your worksite supervisor. If you split time between a program site and a worksite, the general experience questions can cover both.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
My supervisor made me feel the work I did was important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This experience helped me identify and understand my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like an important part of this program community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I discovered career pathways aligned to my life goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided opportunities to reflect on how well I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I gained valuable skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is an adult I trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, this experience made me more hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor gave me feedback that improved my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This experience made me even more committed to my educational goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This experience increased my confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt valued and appreciated by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I experienced will help me be successful in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got a better sense of what I am good at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed what I did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got better at communicating my strengths to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I developed new skills that helped me be successful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found a sense of purpose and meaning in what I did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Before coming into the program, how confident were you in your ability to succeed in the program? I WAS ____.*

- ☐ Not At All Confident
 ☐ Less Confident
 ☐ Neutral
 ☐ Mostly Confident
 ☐ Completely Confident

What adjectives best describe your typical daily program experience? Check all that apply.*

- | | | | | |
|--------------------------------------|-------------------------------------|--|---|--|
| <input type="checkbox"/> Boring | <input type="checkbox"/> Motivating | <input type="checkbox"/> Discriminatory | <input type="checkbox"/> Unprofessional | <input type="checkbox"/> Engaging |
| <input type="checkbox"/> Busy | <input type="checkbox"/> Harsh | <input type="checkbox"/> Waste of Time | <input type="checkbox"/> Intimidating | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Challenging | <input type="checkbox"/> Meaningful | <input type="checkbox"/> Not Challenging | <input type="checkbox"/> Enjoyable | |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Oppressive | <input type="checkbox"/> Enough | <input type="checkbox"/> Fast-Paced | |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Supportive | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Interesting | |

*required

Working Impact Youth Survey cont'd

Looking back on your experience, how much to you agree with each statement about your own skill performance? *

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I got work done on time and did not procrastinate (Did not put things off to later)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively looked for ways to help other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identified new and more effective ways to solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I communicated professionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I arrived on time and was rarely absent without cause	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I took responsibility for my actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I graciously accepted criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe one skill you gained in your program that you are most proud of?

How did you gain or learn this skill?

Did you get paid for working or participating in your program? *

☐ Yes ☐ No

If you got paid, did you open a new bank account?

☐ Yes ☐ No, I already have one
☐ No, I chose not to ☐ No, I did not know how

If you got paid, how did you process your pay?

- ☐ Direct Deposit: Automatically deposited in your bank account
- ☐ Direct Deposit onto a Pay Card
- ☐ Paycheck that I deposited into a bank account
- ☐ Paycheck that a family member/friend deposited into their bank account
- ☐ Paycheck that I cashed at Check Cashing Store (Currency Exchange, etc....)
- ☐ Other – Write In: _____

If you got paid, how much of your program pay/stipend have you saved?

\$ _____

Did you have any financial management training this summer?

☐ Yes ☐ No

What did you learn from your financial trainings?

- ☐ How to save money ☐ How to protect my identity and avoid fraud
- ☐ How to open a bank account ☐ Other – Write In: _____
- ☐ How to use direct deposit _____
- ☐ How to create a budget _____
- ☐ How to build credit (now or in the future) ☐ I didn't learn anything new

FOR CHICAGO YOUTH ONLY

If you had Financial Literacy training, what activities did you engage in? Check all that apply. *

- ☐ Attended a presentation from a peer money mentor
- ☐ Met with a Banker at an orientation or on my own at a bank or credit union
- ☐ Completed the "Payday Basics" Playlist on LRNG:CHI (Only Chicagobility Program)
- ☐ Completed the "Be Payday Ready" Playlist on LRNG:CHI
- ☐ Completed the "Be Budget Ready" Playlist on LRNG:CHI
- ☐ Completed the "Be Credit Ready" Playlist on LRNG:CHI
- ☐ Other - Write In: _____
- ☐ None of the above

ADDITIONAL COMMENTS:

Reflecting on your overall experience, are there any comments or insights you would like to share?

If you want to further your education, what next level would you like to achieve? *

- ☐ Get a GED ☐ Get a 2Yr Associates Degree
- ☐ Graduate High School ☐ Get a 4Yr College Degree
- ☐ Get a Vocational - Trade Certificate ☐ Other
- ☐ Get an Education in the Military ☐ Does Not Apply to Me

After this experience ends, what are your job plans?

- ☐ Will not be working ☐ Will be working part-time
- ☐ Will be looking for part-time work ☐ Will be working full-time
- ☐ Will be looking for full-time work ☐ Will be in the Military

If you are going to still be working, are you staying employed at your current job placement? *

☐ Yes ☐ No

Working Impact Youth Survey cont'd

CONSENT FOR RESEARCH (RESPONSES ANONYMOUS)

By completing the survey, you are giving valuable feedback to improve the program and help learn best ideas that could be shared with other programs. With your permission, your answers can support evaluation research on how youth are gaining skills and confidence and what drives program success. Your answers will be anonymous. Your decision to share or not will not affect any current or future relationships or opportunities in the program. There will be no direct benefit to you from participating but it will help program staff and researchers understand what is important to you and programs. There are no known risks to participating in this survey.

Please mark your consent answer here. *

- ☐ Yes, I agree to have my survey answers grouped in the research.
- ☐ No, I do not want my survey answers grouped in the research.

If you answered "YES" to consent for research please, fill out these few extra questions:

What is your date of birth?* _____

Please select your current school enrollment or last level completed if you are no longer enrolled. *

- ☐ Middle School Student (6 - 8th grade)
- ☐ High School Student
- ☐ High School Graduate
- ☐ College / Vocational Student
- ☐ College / Vocational Graduate
- ☐ Not enrolled

Thank you for completing this survey!!!

Please provide basic contact information ONLY track survey completion and to provide education/career resources. Remember, all of your program impact responses are reported anonymously.*

BASIC INFORMATION: *

First Name: _____

Last Name: _____

Best Contact Email: _____

Best Contact Phone: _____

Date of Birth (mm/dd/yyyy): _____

PLEASE IDENTIFY THE ORGANIZATION WHERE YOU ENROLLED TO PARTICIPATE IN THIS PROGRAM? *

Your Program Partner: _____

Your Program: _____

Please share your racial and ethnic identity? Select all that apply. *

- ☐ African American / Black
- ☐ American Indian / Native Alaskan
- ☐ Asian
- ☐ Latinx / Hispanic
- ☐ Native Hawaiian / Other Pacific Islander
- ☐ White, Non-Hispanic
- ☐ Two or more Races or Ethnicities
- ☐ I prefer not to say
- ☐ Other - Write In: _____

What is your gender identity? *

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ I prefer not to say
- ☐ Other - Write In: _____

Want to make your voice heard even more?

Check this box if you would be willing to participate in a focus group or interview about your experience.

- ☐ Yes, I am willing to participate.

PLEASE ENTER ID NUMBERS.

If not applicable, skip this question.

School ID: _____

Other ID: _____

(Only if someone told you to fill this out)

WHAT WAS THE NAME OF THE COMPANY OR ORGANIZATION WHERE YOU WORKED EVERY DAY?

For example, you were enrolled in an program at Chicago Public Schools but had an internship at Google.

