Evaluating Services for Texas Opportunity Youth: ESTOY

This survey asks questions about your experience at *program*. Your survey answers will be kept confidential; your name will not be linked to your answers. Participation in the survey is completely voluntary. The questions have been reviewed by other youth and young adults receiving similar services and should not cause you any level of discomfort. The survey takes 10 to 20 minutes to complete. You can skip any question that you do not want to answer. You can also stop the survey at any time, for any reason. At the end of the survey, if you would like to receive a $25 HEB gift card, please give us your name and address.

Researchers at the UT Austin Ray Marshall Center will be writing a report that will include the information *program* participants share in this survey combined with survey responses from several other groups of youth and young adults across the state of Texas. The final report will be posted on the Ray Marshall Center website and shared with organizations serving youth and young adults throughout the state of Texas. This research is funded by the J.P. Morgan Chase Foundation, the Aspen Institute, and the UP Partnership of Bexar County, TX.

To begin the survey, please answer the following two questions.

Q 1.1 Do you agree to participate in this survey?

- o Yes (1)
- o No (2)

Q. 1.2 At the time you started receiving services from *program* were you in school or training somewhere else, and/or were you working at a job that paid you wages?

- o Yes (1)
- o No (2)

The next two questions ask about how you learned about *Program* and your experience of enrolling in *Program*.

Q 1.3 How did you **first learn about** *Program*? Please read all choices then select the one that best describes how you first learned about *Program*.

- ○ A *Program* staff person talked to me about *Program*. (1)
- ○ A staff person at another social service program, such as a caseworker or advisor, talked to me about *Program*. (2)
- ○ A school staff person talked to me about *Program*. (3)
- ○ **Someone who participated** in *Program* talked to me about the *Program* (4)
- ○ **Someone who did not participate** in the *Program* talked to me about *Program*. (5)
- ○ The internet or social media. (6)
- ○ I learned about *Program* in another way. Share with us how you learned about *Program*. (7) _____

Q 1.4 On a scale of one to five, with **one being very easy** and **five being very difficult,** how would you rank your experience of getting enrolled in *Program*, such as filling out forms, talking with staff, and turning in paperwork?

- ○ 1 - Very Easy (1)
- ○ 2 - Easy (2)
- ○ 3 - Okay (3)
- ○ 4 - Difficult (4)
- ○ 5 - Very Difficult (5)

The next five questions ask about your feelings of acceptance and connection at *Program*. Each question offers you five possible answers. Please check the answer that best describes how you feel.

Q2.1 Did you feel welcomed when you first came to *Program*?

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

Q2.1a Would you like to share more information about your response to the question, "Did you feel welcomed when you first came to *Program*?"

_____

_____

Q2.2 Do you feel comfortable being yourself at *Program*?

- ○ All the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

Q2.2a Would you like to share more information about your response to the question, “Do you feel comfortable being yourself at *Program*?"

_____

_____

Q2.3 Do you feel *Program* staff value participants regardless of their background or individual characteristics?

- ○ All the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

Q2.3a Would you like to share more information about your response to the question, "Do you feel *Program* staff value participants regardless of their background or individual characteristics?"

_____

_____

Q2.4 Do you feel connected to any of the people you have met at *Program*?

- ○ All the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

Q2.4a Would you like to share more information about your response to the question, "Do you feel connected to any of the people you have met while enrolled in *Program*?"

_____

_____

Q2.5 Is there someone on staff at *Program* that you can talk to if you have troubles?

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

Q2.5a Would you like to share more information about your response to the question, "Is there someone on staff at *Program* that you can talk to if you have troubles?"

_____

_____

The following two questions are asking about your experience of support in your community outside of *Program*.

Q3.1
In your community, **outside of *Program***, do you have a support network?

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

Q3.2 Is there someone in your life **outside of *Program*** that you can talk to if you have troubles?

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ Not very often (4)
- ○ None of the time (5)

The next four questions ask about the support services provided at *Program*. These responses will not be shared with program staff. If you have a need for additional support services, please talk with a *Program* staff person. Remember, you can skip any question for any reason.

Q4.1 What program support services, such as transportation, child care, or other supports, are most helpful in helping you achieve your goals at *Program*?

_____

_____

Q4.2 Was there one main support service you received that you **needed in order for you to enter and/or continue** with *Program*?

- ○ Yes (1)
- ○ No (2)

Q4.2a Please share with us the support service you received that you needed in order for you to enter and continue with *Program*.

_____

_____

Q4.3 Is there something you need in order to be successful that is not available through the program?

- ○ Yes (1)
- ○ No (2)

Q4.3a Please explain what you need to be successful in the program.

_____

_____

Q4.4 Do you know anyone who would like to enter *Program* education/workforce program, but they need more support than what is available in order to enroll?

- ○ Yes (1)
- ○ No (2)

Q4.4a What type of support would be helpful for this person to enter the program?

_____

Q4.5 Do you know anyone who left the **Program** education/training program before they could finish their training goal?

- ○ Yes (1)
- ○ No (2)

Q4.5a If you know why, please share with us why the person left the program (you can choose more than one).

- ☐ Child care troubles (1)
- ☐ Personal or family issues to take care of (2)
- ☐ Transportation trouble (3)
- ☐ Housing issues (4)
- ☐ Justice system issues (5)
- ☐ They decided the program wasn't for them. (6)
- ☐ Other reason. Please share with us the reason why they left the program (7)

_____

The next four questions ask about your goals for your life.

Q5.1 What are you reaching for in your life?

_____

_____

Q5.2 What is the most important skill you learned at Program that will help you achieve your goal?

_____

_____

_____

Q5.3 What could prevent you from reaching your goal?

_____

_____

Q5.4 When you think about having a job or going on to additional schooling, what do you worry about?

_____

_____

These last six questions ask about your opinion of *Program* and your thoughts about your experience at *Program*. Remember, you can skip questions.

Q6.1 In the past, have you been asked to give your opinion about *Program* services in any of the ways listed: (you can choose more than one)?

- ☐ A survey that allowed me to give my opinion of the program. (1)
- ☐ A program participant advisory council. (2)
- ☐ I talk with a caseworker or other staff. (3)
- ☐ I can give my opinion in another way. Please explain. (4)

_____

- ☐ I have not had a chance to give my opinion about the program. (5)

Q6.2 Are there any services or other parts of *Program* that could be improved?

- ○ Yes (1)
- ○ No (2)

Q6.2a Please share with us how you think *Program* can be improved.

_____

_____

_____

Q6.3 Is there a type of job training you would like to receive that isn't offered at *Program*?

- ○ Yes (1)
- ○ No (2)

Q6.3a What type of job would you like to be trained for?

_____

Q6.4 What do you wish you knew about *Program* before you entered the program?

_____

_____

Q6.5 What have you learned about yourself while attending *Program*?

_____

_____

Q6.6 What advice do you have for people who are thinking of entering *Program*?

_____

_____

Q6.7 What didn't we ask you that you would like us to know?

_____

_____

_____

Q.6.8 Thank you for participating in this survey. We would like to send you a $25 gift card. Please provide your name and address.

- First and Last Name (1) _____
- Street Address (2) _____
- City, State, and Zip Code (3) _____

This survey was constructed in consultation with the American YouthWorks Restorative Justice Practice Leadership Crew, and the LifeWorks Impactful Voices Team of Austin, Texas.

If you have any questions or comments about this survey, you can contact:
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If you have questions about your rights as a research participant or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following and use this number to identify the study STUDY00001823.

The University of Texas at Austin Institutional Review Board
Phone: 512-232-1543
Email: irb@austin.utexas.edu