**Initial Questionnaire For Young People**

Your Initials Your Setting

* 1. Thinking about your school/college/alternative education/training:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very negative | Quite negative | Neither negative or positive | Quite positive | Very positive |
|  | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange |
| How you feel about going there? | 1 | 2 | 3 | 4 | 5 |
| How you feel you get on there | 1 | 2 | 3 | 4 | 5 |
| How important it is in your life  | 1 | 2 | 3 | 4 | 5 |
| How you feel when learning new things | 1 | 2 | 3 | 4 | 5 |
| Your feelings about your friendships there | 1 | 2 | 3 | 4 | 5 |
| How motivated do you feel about passing your GCSE exams | 1 | 2 | 3 | 4 | 5 |
| How you feel about the choices you have for work or study in the future | 1 | 2 | 3 | 4 | 5 |

* 1. How positive or negative are your experiences in each of these areas?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| Do you feel part of a local community  | 1 | 2 | 3 | 4 | 5 |
| Do you have family support for your education | 1 | 2 | 3 | 4 | 5 |

1. Thinking about this ***intervention***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very negative | Quite negative | Neither negative or positive | Quite positive | Very positive |
|  | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange | Best order for smiley rating scale - User Experience Stack Exchange |
| How do you feel when you learn new things? | 1 | 2 | 3 | 4 | 5 |
| How do you feel about the amount of support? | 1 | 2 | 3 | 4 | 5 |
| How interesting and relevant are the activities ? | 1 | 2 | 3 | 4 | 5 |
| Will it make changes in your life?  | 1 | 2 | 3 | 4 | 5 |
| Does it help you develop personally? | 1 | 2 | 3 | 4 | 5 |

1. Do you think this activity could help you enjoy education or training more? **Yes / No / Unsure** *[please circle]*
2. Do you think this activity could help you get a better education or job? **Yes / No / Unsure***[please circle]*
3. What is your age? 7) What is your gender?
4. Do you attend school/college/alternative education or training? **Yes / No**
5. Do you have any personal goals that you want to achieve from this activity? [*Please tick all that apply and add any others that you have.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Build my confidence |  | Make supportive friendships |
|  | Feel happier about learning |  | Feel positive about the future |
|  | Build my skills |  | Learn to trust those who support me |
|  | Gain qualifications |  | Enjoy my free time |
|  | Others *[please detail]*:­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |