

YSB Questionnaires

The pages that follow are samples of the online questionnaires.

You should have links to questionnaires that are coded specifically for YOUR YSB.

To get these links emailed to you, please contact Barry Goff,
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1. YSB Questionnaire (for all Tier II participants)
2. Client Questionnaire (for counseling, mental health clients)
3. JRB Youth Survey (for youth involved in JRB case)
4. JRB Parent Survey (for parent of youth involved in JRB case)

The questions are designed to help us improve the program you attended. The questionnaire is anonymous.

Tier (circle one): 1 2

Program Name: _____ Code: _____ Date ____ / ____ / ____ 3-digit YSB/Town Code _____

Place an "X" in the box under the statement that best expresses your level of agreement with each statement.

	Strongly agree= 5	Agree= 4	Neither agree nor disagree= 3	Disagree =2	Strongly disagree= 1	Does not apply= 0
1. The program was a great experience.						
2. The program was better than expected.						
3. Compared to similar programs, this one is best.						
4. The staff explained what I needed to do while in the program.						
5. The staff told me everything I needed to know about how the program worked.						
6. The staff understood my needs and interests.						
7. I felt safe in the program						
8. I have been active in deciding what would happen during the program.						
9. I got the help I needed (e.g., transportation) to be in the program.						
10. I trust the staff I know in the program.						
11. I gained new skills and knowledge while in the program.						
12. I learned more about myself while in the program.						
13. I can use what I have learned in the program.						
14. I am more confident since being in the program.						
15. I feel better about myself since being in the program.						

Please use this space for any ideas you have that could improve the program.

Thank you for taking the time to complete this.

Client Questionnaire

Please help improve our program by answering some questions about the services you have received. We want your honest opinion whether it is positive or negative. Thank you. We appreciate taking the time to help.

3-digit YSB/Town Code ___ __ _

DATE: _____

PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION

1. How would you rate the quality of service you have received?

1	2	3	4
Poor	Fair	Good	Excellent

2. Overall, how satisfied are you with the services you have received?

1	2	3	4
Very dissatisfied	Quite dissatisfied	Quite satisfied	Very Satisfied

3. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

4. How satisfied are you with the amount of help you have received?

1	2	3	4
Very dissatisfied	Quite dissatisfied	Quite satisfied	Very Satisfied

5. Have the services you received helped you to deal more effectively with your problems?

1	2	3	4
Yes, they helped a great deal	Yes, they helped somewhat	No, they didn't help much	No, they seemed to not help at all

6. Did you feel understood by your counselor?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

7. Did the services make a difference in your life?

1	2	3	4
Yes, they made a big difference	Yes, they made some difference	No, they didn't make much difference	No, they made no difference at all

Please write any comments or suggestions here:

Thank you.

Juvenile Review Board Youth Survey

We want to make the Juvenile Review Board (JRB) as helpful as possible to you, your family, and the community.

Use the 1-10 scale to indicate how much you disagree or agree with the following statements about your experience with the JRB. Please be honest. The information you provide will help us to make the JRB better. None of the information will be connected with you individually.

1. Overall, I am satisfied with the JRB services I received.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

2. The JRB process exceeded my expectations.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

3. I feel like they understood my needs.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

4. I felt listened to by the people who are part of the JRB.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

5. They helped me understand how the JRB worked.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

6. The services I received were the right ones for me.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

7. I learned a lot from this experience.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

8. I am better off as a result of the JRB process.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	10	90

9. As a result of this process, I am better able to handle things at home.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	10	90

10. As a result of this process, I am better able to handle things at school.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	10	90

11. As a result of this process, I am better able to handle things in my neighborhood and community.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	10	90

12. Describe what you think is the most important strength of the JRB.

13. Describe what you think is the most important area needing improvement.

Thank you for completing this questionnaire.

Parent Survey

We want to make the Juvenile Review Board (JRB) as helpful as possible to you, your family, and the community.

Use the 1-10 scale to indicate how much you disagree or agree with the following statements about your experience with the JRB. Please be honest. The information you provide will help us to make the JRB better. None of the information will be connected with you individually.

1. Overall, I am satisfied with the services we received.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

2. The JRB process exceeded my expectations.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

3. I feel like the JRB listened to me during the process.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

4. I was involved in developing the plan for my child/family.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

5. The people helping my child stuck with us no matter what.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

6. The services my child/family received were just right for us.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

7. The recommended services were available at times convenient for my child/family.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

8. My child got the help he/she needed.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

9. Staff treated me with respect.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

10. Staff helped me to understand how the JRB works.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

11. I trust the JRB members.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

12. My child is better off as a result of this process.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

13. My child is better able to handle problems at home.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

14. My child is doing better in school as a result of this process.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

15. My child is doing better in the neighborhood and community as a result of this process.

Strongly disagree										Strongly agree	Don't know
1	2	3	4	5	6	7	8	9	10	90	

Do you have any suggestions for improving the JRB or any other comments?

Thank you for completing the questionnaire.