
OMB #
Exp. Date

**National Guard Youth Challenge Job Challenge
FOLLOW UP SURVEY INSTRUMENT**

PROGRAMMER NOTE: FILL \$30 IF (Today – SampleLoadDate LE 42 days); ELSE \$20

Survey Information

As you know, Mathematica Policy Research is evaluating the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program under contract with the U.S. Department of Labor. You may have received a letter recently to let you know that you would be receiving an invitation to complete this survey as part of that evaluation. You are receiving this survey because you agreed to be a part of this study in [Month] [Year]. This survey will ask about your work and educational experiences, involvement with the criminal justice system, and your thoughts about the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program. Your answers to this survey will let us see how you have been doing since you finished the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program.

The survey should take about 15 minutes for you to complete. You can complete the survey from any device that connects to the internet, and it was specially designed to be easy for you to complete on your phone. To thank you, you will receive an Amazon gift code worth [\$30/\$20]. You will be able to tell us at the end of the survey if you'd like to receive your code via text message or email.

The answers you give us will not be matched to your name or other identifying characteristics in any reports on this study's findings. Responses to this survey will be used only for the purposes of the study. The findings based on this survey will summarize responses across all participants in the study. No one at your home, school, place of work, or [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] will see the answers you provide. Individual survey answers will not be available to anyone outside the study team.

Please click "Next" to continue or "Quit for now" to exit the survey.

Section A. Your Experiences at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]

These first questions are about your experiences while you were in the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program. Please think only about your time in the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program when answering these questions – do not include responses about any services you received at Youth Challenge but not at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].

The [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program provides many services. Please check off the education-related services you received during your time at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Please include only those services that you received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Do not include services that you received only during Youth Challenge.

SELECT ALL THAT APPLY

1. GED preparation or courses to prepare for a high school diploma ₁
2. Academic tutoring (not related to GED preparation) ₂
3. Courses for college credit ₃
4. Academic counseling, such as help identifying and applying for educational or training options **after** [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] ₄
5. **None of the above. I did not receive any of the education-related services listed here.** ₅

What was your job training program at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]?

SELECT ONE ONLY

- 1. Warehousing/Warehouse & Distribution Specialist Program (including Certified Logistics Associate (CLA) and Certified Logistics Technician (CLT))
- 2. Maintenance (including Apartment/Hotel Maintenance, Interior & Exterior Maintenance & Repair, Electrical Maintenance & Repair, Plumbing Maintenance & Repair, Heating Maintenance & Repair, Air Conditioning & Repair, and Appliance Maintenance & Repair)
- 3. Nurse Aide/CNA
- 4. Culinary/Food Production Worker
- 5. Automotive (including Climate Control Technician and Auto Electrical/Electronic Systems Technician)
- 6. Welding / Basic Shielded Metal Arc Welder
- 7. Advanced Manufacturing
- 8. Electrical Systems
- 9. Operations/Production
- 10. Computer Networks/Tower Tech
- 11. Carpentry/Home Builders Institute
- 12. Something else? Tell us about it in the box below.

Did you complete this program?

- 1. Yes
- 0. No

Did you earn a credential (such as a certificate) after this training?

- 1. Yes → SKIP TO A4c
- 0. No

Please check off the reasons why you were not able to receive an industry-recognized credential during your time at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].

SELECT ALL THAT APPLY

1. [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] did not offer a credential program for the industry I wanted to work in ₁
2. More courses needed for credential than available through the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program ₂
3. Need to retake one or more courses I took at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] to get credential ₃
4. Need to take a test or assessment in addition to coursework completed at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] to get credential ₄
5. Need additional work experience to get credential ₅
6. I left [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] before I completed the program ₆
7. Do you have another reason? Please tell us about it in the box below. ₇

[IF A4a=1] Was the credential or certificate you received after your training at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] related to the industry you want to work in?

- ₁ Yes
- ₀ No

Did you complete any additional certifications during your time at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]? Please include only those services that you received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Do not include services that you received only during Youth Challenge.

SELECT ALL THAT APPLY

1. OSHA-10 (Occupational Safety and Health Administration) ₁
2. Work Keys ₂
3. CPR ₃
4. Forklift ₄
5. Paxen Career Pathways ₅
6. Did you complete another certification? Tell us about it in the box below. ₆
7. **None. I did not complete any additional certifications.** ₇

The [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program provides many services. Please check off any additional employment services you received during your time at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Please include only those services that you received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Do not include services that you received only during Youth Challenge.

SELECT ALL THAT APPLY

1. Field trips to business places/work environments ₁
2. Job shadowing opportunities ₂
3. Career counseling ₃
4. Internship experience ₄
5. Help searching for jobs, including help filling out an application, writing a resume, or going for an interview ₅
6. Help applying to a vocational training program to attend after [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], including help with an application or interview ₆
7. **None of the above. I did not receive any of the employment services listed here.** ₇

[IF A6a=2] In total, how many days did you spend job shadowing during [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]?

DAYS

[IF A6a=4] In total, how many days did you spend doing an internship during [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]?

DAYS

The [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program provides many services. Please check off the personal development services you received during your time at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Please include only those services that you received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]. Do not include services that you received only during Youth Challenge.

SELECT ALL THAT APPLY

- | | | | |
|----|--|--------------------------|---|
| 1. | Got help or advice from [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff | <input type="checkbox"/> | 1 |
| 2. | Got help or advice from a mentor | <input type="checkbox"/> | 2 |
| 3. | Life skills classes or training (including budgeting, banking and other financial skills, independent living, employability class, etc.) | <input type="checkbox"/> | 3 |
| 4. | Communication or public-speaking training | <input type="checkbox"/> | 4 |
| 5. | Leadership training | <input type="checkbox"/> | 5 |
| 6. | Leadership experience (for example, experience as a squad leader, platoon guide, etc.) | <input type="checkbox"/> | 6 |
| 7. | Health services | <input type="checkbox"/> | 7 |
| | 8. Mental health services | <input type="checkbox"/> | 8 |
| 9. | None of the above. I did not receive any of the personal-development services listed here. | <input type="checkbox"/> | 9 |

S If you had not been able to attend [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], what's the main thing you think you would have done instead?

SELECT ONE ONLY

- ₁ Look for a job on my own
- ₂ Work with Youth Challenge staff to find a job
- ₃ Enroll in another program (for example, AmeriCorps or Job Corps)
- ₄ Enroll in another vocational or technical school/training program
- ₅ Enroll in a community college
- ₆ Enroll in a traditional 4-year college
- ₇ Enlist in the military
- ₈ Something else? Tell us about it in the box below.

- ₉ I don't know what I would have done if I was not able to attend [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].

Did you graduate from or complete the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program?

- ₁ Yes, I graduated from or completed the program → SKIP TO B1
- ₀ No, I did not graduate or complete the program

Why did you leave the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program? Please check off the reasons you left.

SELECT ALL THAT APPLY

- | | | | |
|-----|--|--------------------------|----|
| 1. | You did not like the program overall | <input type="checkbox"/> | 1 |
| 2. | You did not like or get along with the program staff | <input type="checkbox"/> | 2 |
| 3. | You did not like or get along with other participants | <input type="checkbox"/> | 3 |
| 4. | You were homesick or wanted to go home | <input type="checkbox"/> | 4 |
| 5. | You didn't like your job training field or classes | <input type="checkbox"/> | 5 |
| 6. | You didn't like the style of discipline in the program | <input type="checkbox"/> | 6 |
| 7. | You had health problems or an injury | <input type="checkbox"/> | 7 |
| | 8. A family member became ill | <input type="checkbox"/> | 8 |
| 9. | You had no transportation back to [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] after a break | <input type="checkbox"/> | 9 |
| 10. | You were kicked out or asked to leave | <input type="checkbox"/> | 10 |
| | 11. Did you leave for another reason? Tell us about it in the box | <input type="checkbox"/> | 11 |

[IF MULTIPLE RESPONSES CHECKED IN A9b] What was the main reason you left the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program?

SELECT ONE ONLY

- 1 You did not like the program overall
- 2 You did not like or get along with the program staff
- 3 You did not like or get along with other participants
- 4 You were homesick or wanted to go home
- 5 You didn't like your job training field or classes
- 6 You didn't like the style of discipline in the program
- 7 You had health problems or an injury
- 8 A family member became ill
- 9 You had no transportation back to [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] after a break
- 10 You were kicked out or asked to leave
- 11 Another reason [FILL FROM A9b_11]

Section B. Employment and Earnings

These questions are about your work experiences since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].

Are you actively enlisted in the military?

- Yes
- No

[FILL IF B1=2] For the rest of the questions about work experience, please include your time in military service.

When you left [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], did you have a job lined up to work at?

- Yes
- No → SKIP TO B4

How did you find this job?

SELECT ONE ONLY

- I was returning to a job I previously held
- I found this job on my own without the help of [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff
- [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff helped me find this job

[IF B2=0] People look for jobs in different ways. Please check off the things you did to look for work after you left [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].

SELECT ALL THAT APPLY

1. Contact [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff for help finding a job ₁
2. Contact your state's workforce development office or unemployment office for help finding a job ₂
3. Ask friends or family if they know of any available jobs ₃
4. Look through job ads online or in a newspaper ₄
5. Send out your resume ₅
6. Fill out applications in person or online ₆
7. Contact any employers in person, by phone, or online about any available jobs ₇
8. Contact Youth Challenge staff for help finding a job ₈
9. Contact a mentor for help finding a job ₉
10. Did you do something else to look for work? Tell us about it in the box below. ₁₀

11. **None of the above: I did not look for work after leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].....** ₁₁

[IF B2=0] Have you had at least one job since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]?

- ₁ Yes
- ₂ No → SKIP TO B9

[IF B5=1] How long did it take you to start working at the first job you had after leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]?

Please answer in weeks.

WEEKS

[IF B5=1] Did [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] help prepare you for the first job you had after leaving the program?

- Yes
- No

Do you have a job right now?

- Yes, I have one job right now → SKIP TO B12
- Yes, I have two or more jobs right now → SKIP TO B11
- No, I don't have a job right now

[IF B5 OR B8=0] Have you been looking for a job in the past four weeks?

- Yes
- No → SKIP TO B18

[IF B9=1] People look for jobs in different ways. Please check off the things you did to look for work in the past four weeks.

SELECT ALL THAT APPLY

- | | | |
|----|--|--------------------------|
| 1. | Contact [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff | <input type="checkbox"/> |
| 2. | Contact your state's workforce development office or unemployment office | <input type="checkbox"/> |
| 3. | Ask friends or family if they know of any available jobs | <input type="checkbox"/> |
| 4. | Look through job ads online or in a newspaper | <input type="checkbox"/> |
| 5. | Send out your resume | <input type="checkbox"/> |
| 6. | Fill out applications in person or online | <input type="checkbox"/> |
| 7. | Contact any employers in person, by phone, or online | <input type="checkbox"/> |
| 8. | Did you do something else? Tell us about it in the box below. | <input type="checkbox"/> |

[IF B8=2] How many jobs do you have?

JOBS

[FILL IF B7=2] For questions B12 through B16, please think only about the job where you make the most money.

[IF B8=1 or 2] How long have you been working at this job? (If you returned to a job you started before [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], please only tell us how long you've been working since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].)

Please answer in either weeks or months.

WEEKS

OR

MONTHS

[IF B8=1 or 2] What type of company do you work for? (For example, hospital, bank, restaurant, auto repair shop, etc.)

[IF B8=1 or 2] What do you do there – what is your job? Please list your job title, occupation, or most important duties. (For example, nurse aid, distribution specialist, auto/electrical technician, food production worker, etc.)

[IF B8=1 or 2] How many hours per week, including regular overtime hours, do you usually work on this job?

HOURS

[IF B8=1 or 2] How much are you paid per hour at this job?

\$. PER HOUR

I am not paid per hour

[IF B16a=N] How much are you paid at this job? Please enter a number in the box and then select whether you are paid that much weekly, biweekly (once every 2 weeks), monthly, or yearly.

SELECT ONE ONLY

- Weekly
- Biweekly (once every 2 weeks)
- Monthly
- Yearly

[IF B8=1] Are any of the benefits listed below available to you as part of your job? Please check off the benefits available to you.

SELECT ALL THAT APPLY

- | | | | |
|----|--|--------------------------|---|
| 1. | Health insurance | <input type="checkbox"/> | 1 |
| 2. | Paid time off/Vacation days | <input type="checkbox"/> | 2 |
| 3. | Paid holidays | <input type="checkbox"/> | 3 |
| 4. | Paid sick days | <input type="checkbox"/> | 4 |
| 5. | Retirement or pension plans (e.g., 401(k), 403(b), etc.) | <input type="checkbox"/> | 5 |
| 6. | No, none of these benefits are available to me as part of my job. | <input type="checkbox"/> | 6 |

[IF B8=2] Are any of the benefits listed below available to you as part of any of your jobs? Please check off the benefits available to you.

SELECT ALL THAT APPLY

- | | | | |
|----|--|--------------------------|---|
| 1. | Health insurance | <input type="checkbox"/> | 1 |
| 2. | Paid time off/Vacation days | <input type="checkbox"/> | 2 |
| 3. | Paid holidays | <input type="checkbox"/> | 3 |
| 4. | Paid sick days | <input type="checkbox"/> | 4 |
| 5. | Retirement or pension plans (e.g., 401(k), 403(b), etc.) | <input type="checkbox"/> | 5 |
| 6. | No, none of these benefits are available to me as part of any of my jobs. | <input type="checkbox"/> | 6 |

[IF B8=1] Did [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] help prepare you for the job you have now?

- ₁ Yes
 ₀ No

[IF B8=2] Did [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] help prepare you for any of the jobs you have now?

- ₁ Yes
 ₀ No

[IF B18a=1 OR B18b=1] Please tell us how much you agree or disagree with the following statements about how [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepare you for this work.

MARK ONE FOR EACH ROW

		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a.	The job training I received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepared me for this work	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b.	[ONLY FILL IF A5≠7] The additional certification I received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepare me for this work	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c.	[ONLY FILL IF A6a=2 OR 4] The job shadowing or internship experience I had at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepare me for this work	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d.	[ONLY FILL IF A7=3] The life skills classes or training I received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepare me for this work	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e.	[ONLY FILL IF A7=4] The communication or public-speaking training I received at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepare me for this work	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f.	[ONLY FILL IF A7=5 OR 6] The leadership training or leadership experience I had at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] helped prepare me for this work	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g.	Did something else about [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] help prepare you for this work? Tell us	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	

Section C. Education

These next questions are about your experiences with school or classes since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM].

Are you taking any courses or classes for academic or work-related reasons? Some examples include college or university degree or certificate programs, computer courses, or job training courses.

- ₁ Yes
- ₀ No → SKIP TO C5a

What type of course or class are you taking? What is the course about?

[IF C1a=1] How long is this course or class supposed to last? Please enter a number in the box and then select whether it's that many days, weeks, months, or years in the column on the right.

SELECT ONE ONLY

- ₁ Days
- ₂ Weeks
- ₃ Months
- ₄ Years

[IF C2b=2, 3, OR 4] OR [IF C2a>7 AND C2b=1] Are you taking this course or class full-time or part time?

- ₁ Full-Time
- ₀ Part-Time

[IF C1a=1] People get more education for different reasons. Please check off the reasons that you wanted to get additional education.

SELECT ALL THAT APPLY

1. It relates to the classes I took at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] ₁
2. Someone at [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] recommended it ₂
3. A friend, family member, or mentor recommended it ₃
4. It was a requirement for the work I am currently doing ₄
5. It was a requirement for the type of work I want to do ₅
6. It was personally interesting to me ₆
7. I thought that it would help me get a better job, even though it wasn't required ₇
8. Do you have another reason? Tell us about it in the box below. ₈

[IF C1a=1] Is this education or training to prepare you for a specific type of work?

- ₁ Yes
- ₀ No → SKIP TO C5a

[IF C4A=1] What type of work are you training for? (For example, nurse aid, distribution specialist, auto/electrical technician, food production worker etc.)

Are you thinking about or planning to take any courses or classes for academic or work-related reasons in the next 6 months? Some examples include college or university degree or certificate programs, computer courses, or job training courses.

- ₁ Yes
- ₀ No

[IF C5a=1] What type of course or class are you thinking about or planning to take? What will the course be about?

What is the highest grade or degree of school you think you will complete in your lifetime?

SELECT ONE ONLY

- ₁ Less than a high school diploma/GED
- ₂ High school diploma/GED
- ₃ Vocational/Technical program after high school, but no diploma or certificate
- ₄ Vocational/Technical diploma or certificate after high school
- ₅ Some college but no degree
- ₆ Associate's degree
- ₇ Bachelor's degree
- ₈ Graduate or professional degree

[IF B7=1 OR 2] Do you want to advance or climb the ranks at your current job?

- ₁ Yes
- ₀ No → SKIP TO SECTION D

[IF C7=1] Would advancing or climbing the ranks in your current job require that you get more education or training?

- ₁ Yes
- ₂ No

Section D. Court Involvement

These next questions are about experiences you may have had with the police or courts. As a reminder, all of your answers will be kept completely private and will never be shared with anyone outside the research team.

Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been arrested or taken into custody for a crime or illegal offense? Please include probation or parole violations, but do not include minor motor vehicle violations.

- ₁ Yes
- ₀ No → GO TO SECTION E

Q1 [IF D1=1] Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been charged with any of the following offenses?

MARK ONE FOR EACH ROW

		YES	NO
a.	Drug possession	<input type="radio"/> ₁	<input type="radio"/> ₀
b.	Selling or manufacturing of drugs	<input type="radio"/> ₁	<input type="radio"/> ₀
c.	Driving under the influence or driving while intoxicated	<input type="radio"/> ₁	<input type="radio"/> ₀
d.	Failure to pay child support	<input type="radio"/> ₁	<input type="radio"/> ₀
e.	A property offense, such as shoplifting, burglary, larceny, theft, bad checks, fraud, forgery, arson, vandalism, or possession of stolen goods	<input type="radio"/> ₁	<input type="radio"/> ₀
f.	Physical assault	<input type="radio"/> ₁	<input type="radio"/> ₀
g.	Sexual assault, rape, robbery, manslaughter, attempted murder, or murder	<input type="radio"/> ₁	<input type="radio"/> ₀
h.	Some other offense not listed? Tell us about it in the box below.	<input type="radio"/> ₁	<input type="radio"/> ₀

Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been convicted or found delinquent of or pled guilty to a crime or illegal offense? Please do not include minor motor vehicle violations.

- ₁ Yes
₂ No → GO TO SECTION E

[IF D3=1] Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been convicted or found delinquent of or pled guilty to any of the following offenses?

		MARK ONE FOR EACH ROW	
		YES	NO
a.	Drug possession	<input type="radio"/> ₁	<input type="radio"/> ₀
b.	Selling or manufacturing of drugs	<input type="radio"/> ₁	<input type="radio"/> ₀
c.	Driving under the influence or driving while intoxicated	<input type="radio"/> ₁	<input type="radio"/> ₀
d.	Failure to pay child support	<input type="radio"/> ₁	<input type="radio"/> ₀
e.	A property offense, such as shoplifting, burglary, larceny, theft, bad checks, fraud, forgery, arson, vandalism, or possession of stolen goods	<input type="radio"/> ₁	<input type="radio"/> ₀
f.	Physical assault	<input type="radio"/> ₁	<input type="radio"/> ₀
g.	Sexual assault, rape, robbery, manslaughter, attempted murder, or murder	<input type="radio"/> ₁	<input type="radio"/> ₀
h.	Some other offense not listed? Tell us about it in the box below.	<input type="radio"/> ₁	<input type="radio"/> ₀

Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been convicted of a felony offense?

- ₁ Yes
₀ No

Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been sentenced to spend time in a group home, reform school, juvenile or adult prison, jail, or other correctional facility?

- ₁ Yes
- ₀ No

Since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM], have you been sentenced to any of the following?

MARK ONE FOR EACH ROW

		YES	NO
a.	Fines	<input type="radio"/> ₁	<input type="radio"/> ₀
b.	Loss of driver's license	<input type="radio"/> ₁	<input type="radio"/> ₀
c.	Mandated community service	<input type="radio"/> ₁	<input type="radio"/> ₀
d.	Probation	<input type="radio"/> ₁	<input type="radio"/> ₀
e.	Parole	<input type="radio"/> ₁	<input type="radio"/> ₀
f.	Some other sentence not listed? Tell us about it in the box below.	<input type="radio"/> ₁	<input type="radio"/> ₀

Section E. Your Satisfaction with [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]

The final set of questions are about your experiences with and thoughts about the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program.

How much contact have you had with the following people since leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]?

SELECT ONE FOR EACH ROW

		A LOT	SOME	A LITTLE	NONE
a.	[FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b.	Other cadets from [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c.	Your mentor	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d.	Youth Challenge staff	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e.	Other cadets from Youth Challenge (who did not do [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] with you)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

Below is a list of parts of the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] program. For each, please tell us if you would rate the quality very good, good, okay, or poor.

How would you rate the quality of [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] with regards to...

MARK ONE FOR EACH ROW

		VERY GOOD	GOOD	OKAY	POOR	DID NOT RECEIVE SERVICE
a.	Job training at the college	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b.	Other vocational training (for example, OSHA, forklift, CPR)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c.	Counseling	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d.	Leadership development	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e.	Classroom instruction (for example, life skills)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f.	Helping you find a job	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g.	Your overall [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] experience	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

How would you rate the quality of [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff with regards to...

MARK ONE FOR EACH ROW

		VERY GOOD	GOOD	OKAY	POOR
a.	Understanding your needs	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b.	Helping you solve problems	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c.	Helping you learn, either academically or vocationally	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d.	Their attempts to keep in contact with you after you left [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e.	Help after leaving [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

Do you have at least one person on the [FILL NAME OF LOCAL JOB CHALLENGE PROGRAM] staff who really cares about you and to whom you can go to talk about personal things?

Yes

No

Section F. Thank You!

Thank you for completing our survey! Your Amazon gift code is [XXXXXXXXXX]. We can also send you this code via text message or email for your records. Please note, the code can be used only one time. Please let us know below if you would like us to send you a copy of this code via text or email.

SELECT ONE ONLY

- Yes, please email this code to me for my records
- Yes, please text this code to me for my records
- No, I do not need another copy of the code for my records

SUBMIT SCREEN