

INSTRUMENT 3

YOUTH ENGAGEMENT EXIT TICKET

Youth Engagement Exit Ticket

Date:

School or CBO: [pre-filled]

Name of class teacher: [pre-filled]

Name of REA facilitator: [pre-filled]

Class session #: [pre-filled]

Youth ID #: [pre-filled]

Class period:

Note: Once you remove the cover sheet, your name will not be connected with your response. Your teacher or facilitator will not be able to see your answers to these questions

For each of the following, please answer based on your experience with today's lesson.

	Not at all	Slightly	Somewhat	Mostly	A great deal
1. I enjoyed the lesson	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. The lesson really made me think	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. I tried hard during the lesson	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. I paid attention during the lesson	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Today's lesson is going to help me deal with important issues in my life-in the next few years-	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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