



Refugee Support Services (RSS) Set-Asides Assessment Youth Mentoring Client Interview

Facilitators:	Interpreter(s):	Language:
Date:	City, State:	

Introduction Script

Thank you for agreeing to join this meeting. I'm [NAME] and this is my colleague [NAME], and we work in the Office of Refugee Resettlement (ORR), which is a part of the government that provides funding for some of the services you may have received. We are here to meet with clients like you to learn from you about your experiences in the Youth Mentoring Program.

During this meeting, we encourage you to share openly about your experiences that are good as well as difficulties or issues you are experiencing. Our goal today is to learn from you. There are no right or wrong answers.

Our meeting today will last about 60 minutes. Please know that your participation in this meeting is voluntary. You may choose to not answer any question and may stop participating in the meeting at any time.

I have one final point to make. Your name and other identifying information will not be included in any notes, reports, or publications. However, we will need to report any suspicion of immediate harm to yourself, children, or others.

We value the time and information you will share with us today and want to make sure we accurately include all the details. With your permission, we will take notes (written and/or on a laptop computer). Those notes will not include your name. During the discussion, if you would like to stop the notetaking while you make a particular comment, please let us know and we will do so.

Interview Questions

1. Introduction

a. To start, what is your first name and in what city do you live?

2. Program enrollment



- a. Can you please share with me why you enrolled in the Youth Mentoring Program? Or, what made you want to enroll in the Youth Mentoring Program?
 - i. What needs are you/were you hoping this program would help you with?
- b. After being enrolled in the Youth Mentoring program, were you matched with a mentor?

(Only ask question 3 if the respondent was matched with a mentor)

3. Mentor Services [respondents matched with a mentor]

- a. Can you describe the process of being matched with a mentor?
- b. What activities did you participate in with your mentor?
 - i. Did you meet with your mentor one-on-one, or did you meet with them in a group setting?
 - ii. How did you communicate with your mentor?
- c. Do you feel the activities you participated in helped you achieve your goals?
- d. Do you feel your mentor was good fit for what you needed? For example, was your mentor familiar with your culture and values?

(Only ask question 4 if the respondent was not matched with a mentor)

4. Non-mentor services [respondents not matched with a mentor]

- a. What other Youth Mentoring Program activities did you participate in with [insert name of provider], if any? For example, did anyone refer you to services you needed, provide you with case management, provide you academic support/help with school, or helping prepare you for a job?
 - i. *[If referred:]* What types of services did the program refer you to/connect you with?
- b. What did you like most about the program? Why?

5. Program feedback [all participants]

- a. Overall, what feedback do you have for me about your experience in the Youth Mentoring Program, if any? Or, what would make the Youth Mentoring Program more useful to you?
 - i. *Optional:* Are you satisfied with your experience in the Youth Mentoring Program? If not, why not?



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Office of Refugee Resettlement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970 - 0531. The control number expires on 9/30/2025.