

## CHILD and YOUTH PARTICIPANT SURVEY

It really helps Be Present to know more about who came to this Conference. Can you help us by answering the questions below? It is optional – meaning you don't have to, just if you choose to.

If you put your name on the form (you don't have to) – We won't use your name when we get the information from your answers.

If you don't want to answer some of the questions that is okay, and if you need help with any of the questions you can feel free to talk to us about them.

We understand that often the boxes on forms do not let you choose how you would want to identify yourself. You do not need to just choose one, please write in all that apply. Write in anything that is how you want to describe yourself.

1. NAME (optional) \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ or how old are you? \_\_\_\_\_

3. Where do you live? (what city? Or zip code?) \_\_\_\_\_

4. What is Your Gender? *(Please check [D] all that apply)*

Girl  Boy  Not sure  Other *(Please describe):*

5. What racial and ethnic background do you identify with?

*(Please check [D] all that apply)*

*If you identify with more than one, fill in the ones with whom you identify. Rank them according to which ones you identify the most #1, #2, #3, #4 (#1 being the one you identify with the most). These options below are somewhat general so please be as specific as you can.*

African American/Black:

African:

Asian:

Middle Eastern:

Latino:

White/Non Latino:

Native American/Alaska

Pacific

Indian (not Native

Native:

Islander:

American:

Other *(Please Specify):*

Unknown

6. What language are you most comfortable speaking? What language is most often spoken in your home? *(Please specify)* \_\_\_\_\_

7. Do you speak any other languages? *(Please specify)* \_\_\_\_\_

8. Do you already identify as having any sexual orientation?  No  Yes

If yes, how do you identify? \_\_\_\_\_

9. Do you have any disabilities, challenges, or are you in some way differently---abled?

No  Yes (Please describe) \_\_\_\_\_

10. Who lives in the household with you? (for example, mother(s), father(s), grandparents, step---parents, foster parents, brothers, sisters, aunts, uncles, roommates, friends, other: \_\_\_\_\_)

11. What, if any, is your Religion/Spiritual Practice? (Please specify)

\_\_\_\_\_

12. What is your approximate household (family) income? (Please check [D])

Low Income  Middle Income  High Income  Not sure

13. Which of these Be Present, Inc. activities have you attended? (Please check [D] **all that apply**)

- |   |  |
|---|--|
| <input type="checkbox"/> Retreat                                | <input type="checkbox"/> Facilitator Training    |
| <input type="checkbox"/> Developer's Meeting                    | <input type="checkbox"/> Fund Raising Event      |
| <input type="checkbox"/> Support Group Meeting                  | <input type="checkbox"/> One---day Workshop      |
| <input type="checkbox"/> Regional Organizing Core Group Meeting | <input type="checkbox"/> Institute on the Issues |
| <input type="checkbox"/> Be Present Consultancy                 | <input type="checkbox"/> Other (Specify)         |

14. How are you connected with Be Present Leadership Network? (Please check [D] **all that apply**)

- This training is my first time with Be Present.
  - Peer Support Group \_\_\_\_\_ # of Years \_\_\_\_\_ # of Months
  - Regional Organizing Core Group \_\_\_\_\_ # of Years \_\_\_\_\_ # of Months
    - ATL Sisters & Allies  Bay Area Sisters & Allies  NY/NJ/Phil Sisters & Allies
  - Emerging Core Group (Please specify) \_\_\_\_\_
  - National Board of Directors  Current  Former (Please specify when) \_\_\_\_\_
  - Committee Member (specify) \_\_\_\_\_  Other (Please specify)
- \_\_\_\_\_

15. What other organizations or groups are you in? (Please specify) \_\_\_\_\_

**To be completed Sunday morning:**

Name (Optional) \_\_\_\_\_

**A. IMPACT ON SELF**

To what extent did this training retreat give you information/insight on creating change for **YOURSELF** (your personal knowledge, understanding, beliefs or skills)? Rate each item below on a scale from **1** (low impact) to **5** (high impact). **PLEASE CHECK /-/ the number which best describes your position.** If you are **uncertain** about any of these effects, or if it is **too early to say**, please check **U**. If it **does not apply**, and probably never will, please check **N/A**.

	LOW					HIGH		U Uncertain	N/ A
	1	2	3	4	5				
Being aware of my thoughts, emotions, views, habits (self-awareness)									
Knowing my own needs, values, actions (self-knowledge)									
Trusting myself									
Trusting others									
Making choices that support my well-being									
Believing that my voice matters									
Making better decisions									
Listening to others without judgment									
Believing that together we can make a difference									
Recognizing dynamics of race, gender, class, identify, and power, among others									
Identifying the effect of these issues on my understanding of self									
Identifying the effect of these issues on my understanding of others									
Being more effective as a leader									

Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please choose one or more from above and share an experience (story) that highlights your growth or learning in this area(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. IMPACT ON FAMILY, SCHOOL, ORGANIZATION/WORKPLACE, COMMUNITY**

To what extent did this training retreat give you information/insight on creating change in your **FAMILY, SCHOOL, ORGANIZATION/WORKPLACE, and/or COMMUNITY**? Rate each item below on a scale from **1 (low impact)** to **5 (high impact)**. **PLEASE CHECK /-/ the number which best describes your position.** If you are **uncertain** about any of these effects, or if it is **too early to say**, please **check U**. If it **does not apply**, and probably never will, please check **N/A**.

**LOW                      HIGH**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>U Uncertain</b>	<b>N/ A</b>
Communicating							
Building trust with family members							
Building trust with staff (organization)							
Building trust with peers (friends, schoolmates)							
Building trust with community members							
Developing partnerships across differences							
Building confidence in your own leadership							
Facilitating open dialogue (exchange of ideas, information, opinions)							
Resolving conflict in constructive ways							
Building a diverse social justice movement							
Addressing issues of diversity, equity and inclusion							
Supporting individuals and groups to influence issues that affect them and their communities (civic engagement)							

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

Please choose one or more from above and share an experience (story) that highlights your growth or learning in this area(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS (Use extra page if needed):**

**THANK YOU!**

Your feedback is very important to our work together.