

**YOUTH LEADERSHIP FORUM  
ALUMNI FOLLOW-UP**

**SCRIPT/QUESTIONS**

Alumni Name/Year: \_\_\_\_\_

Hi! I'm calling from the Governor's Committee and following up on the Youth Leadership Forum for Students with Disabilities, which you attended in \_\_\_\_\_. We wanted to follow up with everyone and see how they're doing, so I was wondering if you had about 10 minutes to talk with me and answer some questions.

First of all, let me confirm your address and phone number:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If alum doesn't have time to talk, arrange a date and time to call back:

\_\_\_\_\_

Education

Are you still in school? \_\_\_\_\_

Where? \_\_\_\_\_

- Grade Level
- High School Senior
  - College Freshman
  - College Sophomore
  - College Junior
  - College Senior
  - Graduate School

If college, what is your major?

What college attending? \_\_\_\_\_  
(Name, City, State)

What is your career goal? \_\_\_\_\_

Did YLF inspire you to further your education? \_\_\_\_\_

Employment

Do you have a job? \_\_\_\_\_

Is it full time or part-time? \_\_\_\_\_

Where do you work? \_\_\_\_\_

What is your job title? \_\_\_\_\_

- What is your hourly salary range?
- Volunteer
  - Minimum Wage
  - \$5.16 - \$6.50
  - \$6.51 - \$9.00
  - \$9.01 - \$10.00
  - \$10.01 - \$12.50
  - \$12.50 - \$15.00
  - over \$15.00

### Living Arrangements

- Where are you now living?
- With parents or guardian
  - College dormitory
  - Independently, in house or apartment
  - With roommates, in house or apartment
  - Intermediate care facility
  - Other

### Social/Recreational Information

- I get together with friends
- Once a week
  - More than once a week
  - Less than once a week
  - Rarely or never

- Friends in my age group are
- Mostly disabled
  - Mostly not disabled
  - From both groups

- I get around town mostly by
- Walking
  - Driving myself
  - Public transportation
  - Para-transit service
  - Parent or friend
  - Other

Are you active in any groups that advocate for people with disabilities? \_\_\_\_\_

What are the names of the groups? \_\_\_\_\_

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What is your role in the group? \_\_\_\_\_

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Are you involved in any other (non-disability related) community/school service groups? \_\_\_\_\_

Names: \_\_\_\_\_

What is your role in this group? \_\_\_\_\_

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Are you satisfied with the impact YLF had on your life?    YES      NO

Any general comments you want to share about YLF and how it impacted you?

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Thanks for taking the time to update us. Keep in touch!