

**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? _____

What is your role in the group? _____

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

Names: _____

What is your role in this group? _____

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?

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