

ALUMNI SURVEY

CALIFORNIA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES (YLF)

To assist the California Governor's Committee in planning future Youth Leadership Forums and to assist you in reaching your goals, please answer the questions below. All responses are voluntary.

Year attended YLF: _____
Last Name _____ **First** _____
Did you have a different name at YLF? What was it? _____
Address: _____
E-Mail Address: _____ **Telephone:** _____
Birthdate: _____ **Male** or **Female**

1. Are you working on or have you completed the activities or goals listed in your "Personal Leadership Plan" and your "Letter to Myself"?
_____ working on _____ completed _____ not yet working on
2. How do you feel you are performing relative to the goals you set for yourself during the California Youth Leadership Forum (YLF)?
_____ excellent _____ good _____ fair _____ poor
3. To what extent has the knowledge you obtained during YLF increased your self-confidence and your ability and willingness to be involved in leadership activities?
_____ to a great extent _____ somewhat _____ not at all
4. Overall, how do you feel that participating in YLF affected your life?
_____ to a great extent _____ somewhat _____ not at all
5. Have you kept in touch with any of the friends you made at the YLF? _____ YES _____ NO
6. Has the information in the Resource Notebook been useful to you?
_____ YES _____ NO

7. Do you have any suggestions to improve our future YLFs?
(Feel free to attach another sheet or write on the back of this.)

8. Have you suggested YLF for any of your friends or acquaintances
with disabilities? _____ YES _____ NO

9. Can you please share a statement or quote that would best
summarize your experience at the YLF?

10. What are you currently doing? Please check all that apply:

_____ In college/university: Highest grade completed? _____

_____ Employed: What job? _____ Employer? _____
How long? _____

_____ Involved in Community Activities: What kind? _____

_____ Involved in disability related advocacy (volunteer or
paid)? _____

_____ Involved in leadership activities, other than those listed above?

_____ Served as a YLF staff volunteer? What year(s)? _____

I reside: Own apartment/house _____ With roommate(s) _____
With mate _____ With parents/guardian _____ college dorm _____

11. Any other comments you would like to share? _____

**THANK YOU SO MUCH FOR TAKING THE TIME TO
COMPLETE THIS SURVEY! Please FAX it to us at (916) 654-9821 or
mail it to:**

YLF Follow-Up

Governor's Committee for EDP

EDD MIC 41

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