

**YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES**

NAME: \_\_\_\_\_

(Voluntary - not required)

**EVALUATION/DELEGATE  
2002 YOUTH LEADERSHIP FORUM  
July 28 - August 1, 2002**

1. We would like to know which activities during the forum affected you most positively. Please check all below that you thought were very effective. You may want to refer to the printed program. (You can check some or none.)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Sunday Afternoon, Small Group<br>"Orientation" Meeting               | <input type="checkbox"/> 8. Governor's Office Session |
| <input type="checkbox"/> 2. Sunday Evening, Large Group<br>Opening Session, "What is Leadership" | <input type="checkbox"/> 9. Capitol Tour              |
| <input type="checkbox"/> 3. Monday Morning, "Obstacle Course"                                    | <input type="checkbox"/> 10. Mentors' Luncheon        |
| <input type="checkbox"/> 4. Monday Morning, "Disability Culture"                                 | <input type="checkbox"/> 11. Resources Fair           |
| <input type="checkbox"/> 5. Monday Afternoon, "Alumni Discussions"                               | <input type="checkbox"/> 12. Dance                    |
| <input type="checkbox"/> 6. Tuesday Morning, "Technology & Resources"                            | <input type="checkbox"/> 13. Closing Session          |
| <input type="checkbox"/> 7. Tuesday Afternoon, "Reaching My Career Goals"                        |   |

Why did you choose these activities?

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\_\_\_\_\_  
\_\_\_\_\_

2. Please check off the activity or activities you liked the **LEAST**. (You can check some or none.)

- |  |   |
|--|---|
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| <input type="checkbox"/> 2. Sunday Evening, Large Group<br>Opening Session, "What is Leadership" | <input type="checkbox"/> 9. Capitol Tour              |
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Please tell us why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON REVERSE)

3. What specific information did you get at the forum, which will really be of help in your future?

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4. What things about the forum would you change? \_\_\_\_\_

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5. What did you learn about leadership that you did not know before? \_\_\_\_\_

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6. What, if anything, will you do differently in your life because of your experience at the forum?

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7. What is your opinion of the forum overall? Please choose one.

- Excellent       Very Good       Good       Not Very Good

Other Comments:

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8. Would you be interested in working at future Youth Leadership Forums as a Peer Counselor or Program Assistant?

- Yes       No

Thank you for your input!