Mentee Survey #2

1. Do you have an adult in your life that you feel comfortable talking to about an important issue?

________________________________________________________________________________

2. Is your mentor an adult that you feel comfortable talking to about important issues?
   Never  Almost never  Sometimes  Almost always  Always

3. Do you enjoy school?
   Never  Almost never  Sometimes  Almost always  Always

4. What grades do you get on average?

________________________________________________________________________________

5. Do you get along with your teachers?
   Never  Almost never  Sometimes  Almost always  Always

6. Do you get along with your peers?
   Never  Almost never  Sometimes  Almost always  Always

7. How often do you miss school?
   Never  A few times a year  Once a month  Once a week  More than once per week

8. Did your mentor help you with your school work?

________________________________________________________________________________

9. Who do you currently live with?

________________________________________________________________________________

10. How would you describe your relationship with that person?
    Difficult  Somewhat difficult  Okay  Good  Great

11. How would you describe your relationship with your Biological Parents
    Difficult  Somewhat difficult  Okay  Good  Great
    Other:________________________________________________________________________________

12. If you could change one thing about yourself what would it be?

________________________________________________________________________________

13. What are three things you like about yourself?
_____________________________________________________________________________________
_____________________________________________________________________________________

14. How often do you drink alcoholic beverages?
    Never  A few times a year  Once a month  Once a week  More than once per week

15. How often do you use drugs?
    Never  A few times a year  Once a month  Once a week  More than once per week

16. Have you ever been in trouble with the law?
    If yes for what?
    If yes, how long ago?
________________________________________________________________________________
________________________________________________________________________________
17. Do you get in fights with your peers?____________________________________________________
   If yes, how often?__________________________________________________
   Are the fights typically physical?____________________________________

18. What activities did you do with your Mentor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

19. Do you enjoy spending time with your mentor?
Never  Almost never  Sometimes  Almost always  Always

20. Are you happy when you are with your mentor?
Never  Almost never  Sometimes  Almost always  Always

21. Would you recommend that other youth have a mentor?
_____________________________________________________________________________________
_____________________________________________________________________________________

22. What was the best part about having a mentor?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________