

# Participant Survey Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Directions:** Mark only one answer for each question. Select the answer that best fits you.

**1. Were you suspended or expelled from school in the past year (12 months)?**

- ☐ no      ☐ yes

**2. How easy was it for you to participate in this program? Consider location(s), meeting times, and your availability to participate.**

- ☐ It was very easy to participate  
☐ It was sort-of easy to participate  
☐ It was sort-of hard to participate  
☐ It was very hard to participate