

Community Connections

Date: ____/____/20____

Name/Code: _____

Directions: Please fill in the circle.

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

	NO!	No	Yes	YES!
01. My neighbors notice when I am doing a good job and let me know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Sometimes	Usually	Always
04. I trust an adult at school to give advice if I have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05. There are people I can depend on to help me if I really need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06. There is no one I can count on in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07. There is an adult I could talk to about important decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08. There is an adult I feel comfortable talking about my problems with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>