**JUVENILE DIVERSION**

**YOUTH SATISFACTION SURVEY**

1. In a general sense, how satisfied are you with the services you have received?

 1 2 3 4 5 Not At All A Little Somewhat Quite a Bit Extremely Satisfied Satisfied Satisfied Satisfied Satisfied

2. In your opinion, if Juvenile Diversion Services had not been available to you, would your situation would have become:

 1 2 3 4 5

 Much Slightly Stayed About Slightly Greatly

 Worse Worse the Same Improved Improved

3. Have the services that you received helped you deal more effectively with your situation?

 1 2 3 4 5

Made Things Didn’t Had No Helped Helped a Worse Help Effect Somewhat Great Deal

4. If you were to look for help again, would you come back to this program?

 1 2 3 4 5

Definitely Probably Maybe Most Definitely

 No Not Likely Yes

5. How involved were you in setting the goals of your individualized Diversion Plan?

 1 2 3 4 5

 Never Almost Some of the Most of the Extremely

 Never Time Time Involved

(over)

6. Did the educational groups and/or programs you attended teach you better methods of dealing with difficult situations or problems?

 1 2 3 4 5

 Almost Some of the Quite a Bit the Most of the Definitely

 Never Time Time Time Yes

7. Did you find that the community service you completed was a meaningful and worthwhile experience?

 1 2 3 4 5

Definitely Probably Maybe Most Definitely

 No Not Likely Yes

8. If there was a victim involved in the offense you committed, do you have a better understanding of how your behavior affected the victim?

 1 2 3 4 5

Definitely Probably Maybe Most Definitely

 No Not Likely Yes

9. If you were in a situation similar to the one leading to your Diversion Offense, how likely is it that you would choose to break the law again?

 1 2 3 4 5

Definitely Probably Maybe Most Definitely

 No Not Likely Yes

Additional Comments:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (optional)