



Tell Your Own Story

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank

This module will take you about 5-10 minutes to fill out. It has 5 questions

Please use the form below to report on an interaction you have had with an adult.

Please describe as best you can any conversation, encounter, meeting, or other type of interaction you have had with an adult or peer where you felt they had an effect on you in some way. Feel free to describe it in your own words. Here are some things you might want to put in your story:

- Who did you interact with? (program worker, volunteer, social worker)
- What happened during the interaction?
- How long did you talk/interact for?
- How did you feel about it after? Why?
- Did it have a positive effect on you? How and/or why?
- Did it have a negative effect on you? How and/or why?
- Anything else you would add?

Please tell us about your conversation, interaction...

Continued on next page.

Thank you. Now, if you wish, you can tell us when this occurred and where, in general terms. This will help us learn about the kinds of things that adults or influential peers do in certain situations and how they affect young people.

When did you have your conversation/interaction?

Choose time of day:

- Daytime during the week
- Evening or nighttime during the week
- Daytime on the weekend
- Evening or nighttime on the weekend

Choose month:

- Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Choose year:

- 2018 2017 2016 2015 2014 2013 2012 2011 2010 2009 before 2009

Where did it take place?

Choose a location:

- My neighbourhood/community At a youth event, activity, program At school
- In a worker's office (social worker, parole officer, etc.) Other (Please specify):

Note: All information entered in Sharing the Stories will be kept confidential. No one from your organization, school or community will see your stories, only the researchers from the Students Commission Centre of Excellence for Youth Engagement. If we publish any specific comments or information that you have given us here, it will not be identified in any way with any personal information you may have given us.

Your Feedback

If you would like to, please give us your feedback, suggestions, comments on this survey/tool.