MATFORCE
Botvin's Life Skills Training 2024 -2025
Young Child POST Survey

The responses you provide in this survey are confidential. Thank you for your help!

Date: _____ **Facilitator:** _____ **Location:** _____

First letter of your first name: _____ **First Letter of your last name:** _____ **Age:** _____

Gender: ○ Male ○ Female ○ Other Gender

What is your race? ○ Black or African American ○ American Indian or Alaskan Native ○ Asian ○ White ○ Native Hawaiian/Pacific Islander ○ Other Race ○ More Than One Race

What is your ethnicity? ○ Hispanic or Latino ○ Not Hispanic or Latino

Fill in ● indicating how much you agree with the following statements.	**Strongly Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Strongly Agree**
1. I can solve problems if I try hard enough.	○	○	○	○
2. It's easy for me to become friends with other children.	○	○	○	○
3. I can tell my friend that I don't feel well.	○	○	○	○

Fill in ● indicating your opinion.	**NO!!**	**No**	**Yes**	**YES!!**
4. Did you feel interested in the program sessions and classes?	○	○	○	○
5. Did you feel the material presented was clear?	○	○	○	○
6. Did discussions or activities help you to learn program lessons?	○	○	○	○
7. Did you feel respected as a person?	○	○	○	○
8. Did you have a chance to ask questions about topics or issues that came up in the program?	○	○	○	○
9. Have you ever taken a class that talked about the same information as this class?	○	○	○	○