

McGRUFF CLUB YOUTH POST-SURVEY FORM

1. Do you feel safe at school?

_____never _____at least once a month _____at least once a week _____daily

2. Do you feel safe after school?

_____never _____at least once a month _____at least once a week _____daily

3. As a result of this training, do you know what you can do to feel safe?

_____no _____I don't know _____yes

4. As a result of this training, if you or a friend does not feel safe, do you now feel you can ask for help from a teacher, a school volunteer, or a school administrator?

_____no _____I don't know _____yes

5. As a result of this training, when you or a friend do not feel safe, do you now feel you can ask for help from the police or a school resource officer?

_____no _____I don't know _____yes

6. As a result of this training, when you or a friend do not feel safe, do you now feel you can ask for help from a trusted member in the community?

_____no _____I don't know _____yes

7. As a result of this training, when you or a friend does not feel safe, do you now feel you can ask for help from a family member?

_____no _____I don't know _____yes

8. From what you have learned in this training, what can teachers, school volunteers, or other staff do to help you feel safe at school?



9. From what you have learned in this training, what can the police or school resource officers do to help you feel safe?

10. From what you have learned in this training, what can trusted members in the community do to help you feel safe?

11. From what you have learned in this training, what can family members do to help you feel safe?

12. From what you have learned in this training, what can you do to feel safe in school and after school?
