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**4-H Robotics**

**Juniors (Post)**

Code Number:

Dear Participant:

You are being given this survey **because you are part of a 4-H program or project,** and we are surveying young people like you to learn about your experiences.

**This survey is voluntary.** If you do not want to fill out the survey, you do not need to. However, we hope you will take a few minutes to fill it out because your answers are important.

**This survey is private.** No one at your school, home, or 4-H program or project will see your answers. Please answer all of the questions as honestly as you can. If you are uncomfortable answering a question, you may leave it blank.

**This is not a test.** There are no right or wrong answers, and your answers will not affect your participation or place in the program in any way.

Thank you for your help!

**Section I: Tell us about your 4-H Experience**

Please select the responses that best describe you.

|  |
| --- |
| 1. **How many years have you been participating in 4-H?** (Mark one box [x] .)
 |
|  |[ ]  This is my first year |
|  |[ ]  This is my second year |
|  |[ ]  Three or more years |

|  |
| --- |
| 1. **Which one of the following best describes how many hours you typically spend in 4-H programs/projects each week?** (Mark one box [x] .)
 |
|  |[ ]  Less than one hour |
|  |[ ]  Between one and three hours |
|  |[ ]  More than three hours |

|  |
| --- |
| 1. **Which of the following best describes how you are involved in 4-H?** (Mark each box [x] that applies to you.)
 |
|  |[ ]  Clubs |
|  |[ ]  Camps |
|  |[ ]  After-school programs |
|  |[ ]  In-school programs |
|  |[ ]  Local fairs/events |
|  |[ ]  Community service projects |
|  |[ ]  Working on my projects at home |
|  |[ ]  Other |

**Section II: Choices**

1. **Please indicate how often you do each of the following.** (Select one response in each row by marking the appropriate box [x] .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Always* | *Usually* | *Sometimes* | ***Never*** |
| I use information to make decisions |[ ] [ ] [ ] [ ]
| I take responsibility for my actions |  |  |  |  |
| I set goals for myself |[ ] [ ] [ ] [ ]
| I  listen well to others |[ ] [ ] [ ] [ ]
| I am respectful of others |[ ] [ ] [ ] [ ]
| I have the confidence to speak in front of groups |[ ] [ ] [ ] [ ]
| I can work things out when others don’t agree with me  |[ ] [ ] [ ] [ ]
| I work well with other youth |[ ] [ ] [ ] [ ]

1. **Please indicate to what extent you agree or disagree with each statement.** (Select one response in each row by marking the appropriate box [x] .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Strongly Agree* | *Agree* | *Disagree* | ***Strongly Disagree*** |
| I am comfortable making my own decisions |[ ] [ ] [ ] [ ]
| I don’t let my friends talk me into doing something I don’t want to do  |[ ] [ ] [ ] [ ]
| I can explain my decisions to others |[ ] [ ] [ ] [ ]
| I have a plan for reaching my goals |[ ] [ ] [ ] [ ]
| I know how to deal with stress in positive ways |[ ] [ ] [ ] [ ]
| I can change my plan when I need to  |[ ] [ ] [ ] [ ]

**Section III: Communication and Connections**

1. **Please indicate to what extent you agree or disagree with each statement.** (Select one response in each row by marking the appropriate box [x] .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Strongly Agree* | *Agree* | *Disagree* | ***Strongly Disagree*** |
| I am comfortable sharing my thoughts and feelings with others |[ ] [ ] [ ] [ ]
| I can use technology to help me express my ideas |[ ] [ ] [ ] [ ]
| I know who I can go to if I need help with a problem |[ ] [ ] [ ] [ ]
| I can work successfully with adults |[ ] [ ] [ ] [ ]
| I have friends who care about me |[ ] [ ] [ ] [ ]
| I am connected to adults who are not my parents  |[ ] [ ] [ ] [ ]

1. **Please indicate to what extent you agree or disagree with each statement.** (Select one response in each row by marking the appropriate box [x] .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Strongly Agree* | *Agree* | *Disagree* | ***Strongly Disagree*** |
| I am someone who wants to help others. |[ ] [ ] [ ] [ ]
| I like to work with others to solve problems |[ ] [ ] [ ] [ ]
| I have talents I can offer to others |[ ] [ ] [ ] [ ]
| I have learned things that helped me make a difference in my community |[ ] [ ] [ ] [ ]
| I have helped with a project that made a difference in my community  |[ ] [ ] [ ] [ ]

**Section IV: Science**

1. **Please indicate to what extent you agree or disagree with each statement.** (Select one response in each row by marking the appropriate box [x] .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Strongly Agree* | *Agree* | *Disagree* | ***Strongly Disagree*** |
| I like to see how things are made or invented |[ ] [ ] [ ] [ ]
| I like experimenting and testing ideas |[ ] [ ] [ ] [ ]
| I get excited about new discoveries |[ ] [ ] [ ] [ ]
| I want to learn more about science. |[ ] [ ] [ ] [ ]
| I like science |[ ] [ ] [ ] [ ]
| I am good at science |[ ] [ ] [ ] [ ]
| I would like to have a job related to science |[ ] [ ] [ ] [ ]
| I do science activities that are not for school |[ ] [ ] [ ] [ ]

1. **Please indicate which of the following outcomes are true for you.** (Select one response in each row by marking the appropriate box [x] .)

|  |  |  |
| --- | --- | --- |
|  | *Yes* | *No* |
| I can do an experiment to answer a question |[ ] [ ]
| I can tell others how to do an experiment |[ ] [ ]
| I can explain why things happen in an experiment |[ ] [ ]

**Section V: Tell us about You**

Please select the responses that best describes you.

|  |
| --- |
| 1. **How old are you?**
 |
|  | \_\_\_\_\_\_ | Age (in years) |

|  |
| --- |
| 1. **What grade are you in?**
 |
|  | \_\_\_\_\_\_ | Grade |

|  |
| --- |
| 1. **Which of the following best describes your gender?** (Mark one box [x] .)
 |
|  |[ ]  Female |
|  |[ ]  Male |

|  |
| --- |
| 1. **Which of the following best describe your race?** (Mark each box [x] that applies to you.)
 |
|  |[ ]  American Indian or Alaskan Native |
|  |[ ]  Asian |
|  |[ ]  Black or African American |
|  |[ ]  Native Hawaiian or Other Pacific Islander |
|  |[ ]  White |

|  |
| --- |
| 1. **Which of the following best describe your ethnicity?** (Mark one box [x] .)
 |
|  |[ ]  Hispanic or Latino |
|  |[ ]  Not Hispanic or Latino |

|  |
| --- |
| 1. **Which of the following best describes the primary place where you live?** (Mark one box [x] .)
 |
|  |[ ]  Farm |
|  |[ ]  Rural (non-farm residence, pop. < 10,000) |
|  |[ ]  Town or City (pop. 10,000 – 50,000) |
|  |[ ]  Suburb of a City (pop. > 50,000) |
|  |[ ]  City (pop. > 50,000) |

|  |
| --- |
| 1. **What county do you live in?**
 |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 1. **Do you have a parent or guardian(s) in the military?** (Mark all boxes that apply to you [x] .)
 |
|  |[ ]  Air Force |
|  |[ ]  Army |
|  |[ ]  Coast Guard |
|  |[ ]  Marines |
|  |[ ]  National Guard |
|  |[ ]  Navy |
|  |[ ]  Reserve |
|  |[ ]  I do not have a parent or guardian(s) in the military. |

**THANK YOU!**