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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 .) | | |
|  |  | 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 .) | | |
|  |  | 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 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 .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *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 .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *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 .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *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 .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *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 .)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *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 .)

|  |  |  |
| --- | --- | --- |
|  | *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 .) | | |
|  |  | Female |
|  |  | Male |

|  |  |  |
| --- | --- | --- |
| 1. **Which of the following best describe your race?** (Mark each box 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 .) | | |
|  |  | Hispanic or Latino |
|  |  | Not Hispanic or Latino |

|  |  |  |
| --- | --- | --- |
| 1. **Which of the following best describes the primary place where you live?** (Mark one box .) | | |
|  |  | 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 .) | | |
|  |  | Air Force |
|  |  | Army |
|  |  | Coast Guard |
|  |  | Marines |
|  |  | National Guard |
|  |  | Navy |
|  |  | Reserve |
|  |  | I do not have a parent or guardian(s) in the military. |

**THANK YOU!**