

Crisis Center, Inc.

**Teen Court
Post-Program Follow-up Questionnaire**

I. Personal

1. Since your involvement with Teen Court, have you been charged with any additional offenses?
 Yes No (If yes) What was the offense and when did it occur: Date _____
Offense _____
2. Have you used alcohol or other drugs / alcohol since Teen Court ? Yes No
3. What % of your friends use drugs / alcohol ? 1-25% 26-50% 51-75% 76-100%
4. Since your involvement with Teen Court, are your grades better, the same or gone down?
 Improved Stayed the same Gone Down N/A (summer) N/A (graduated)
5. Have you been truant since your involvement with Teen Court ? Yes No
6. Did your offense affect your family relationships? Yes No (If yes, how did it change?)

II. Program Satisfaction: I am going to read you some questions. Tell me what you experienced and add your comments:

1. Was the Teen Court process explained to you so you understood? yes no
2. Do you believe your case was handled fairly? yes no
3. Do you think the peer jury treated you fairly? yes no
4. Do you think your sentence was fair? yes no
5. Were you treated with respect? yes no
6. What was best about your Teen Court experience? _____
7. What did you learn from community service experience? _____

8. Was there anything you disliked about the Teen Court experience? yes no Explain:

9. Did Teen Court help you make better choices? yes no Explain: _____
10. Did you benefit from your Teen Court experience ? yes no Explain: _____

11. Do you have suggestions to improve Teen Court ? yes no _____
