

Alpine Academy
YOUTH CONSUMER/SAFETY QUESTIONNAIRE

Name (First and Last)

Date:

Time:

Interviewer:

Youth Consumer Answer each question with a Yes or No answer. Anonymous feedback will be delivered on any examples or comments that are included. Names are not provided and feedback is generalized so feel confident sharing your feelings, this will help create change in your home. Praise and corrective feedback are encouraged.

RELATIONSHIPS

1. Do the adults in your home say nice and encouraging things about you in a pleasant way? Y/N

Youth example or comment:

2. Do the adults in your home encourage you to share your opinions and thoughts? Y/N

Youth example or comment:

3. Are you treated the same or equally as the other youth in the home? Y/N

Youth example or comment:

4. Do the adults in your home joke around and laugh with you? Y/N

Youth example or comment:

5. Do you enjoy spending time with the adults in your home? Y/N

Youth example or comment:

6. Do the adults in your home help you feel you are important? Y/N

Youth example or comment:

7. Do you feel your family teachers are open to feedback? Y/N

Youth example or comment:

8. Do you feel cared about and respected by your family teachers? Y/N

Youth example or comment:

PROGRAM IMPLEMENTATION

9. Do the adults in your home encourage you to make good choices and/or encourage others in your home? Y/N

Youth example or comment:

10. How often do you get to talk to your family or other important people in your life such as siblings, grandparents, etc?

Youth example or comment:

11. Do the adults in your home encourage you to share opinions and help make decisions during family meeting? Y/N

Youth example or comment:

12. Did you have an opportunity to make decisions regarding your Treatment Plan? Y/N

Youth example or comment:

13. What input or decisions have you made regarding your Treatment?

SAFETY

14. Are you required to wear your seat belt correctly every time you're in a vehicle? Y/N

Youth example or comment:

15. Have you observed any adult using their cell phone while driving an Alpine vehicle? Y/N

Youth example or comment:

YOUTH SAFETY QUESTIONS

16. Have you ever been abused by any Alpine Academy employee? That means hit, kicked, slapped, cursed at, sexually mistreated or required to do physical exercise, such as push-ups, sit-ups or running laps as a consequence for a behavior? Y/N

Youth example or comment:

17. What would you do if you had a complaint or concern with anything at Alpine?

18. What are your treatment goals?

19. Can you access a list of your youth rights? Y/N

20. Are you aware of relationships between an adult and a youth, where the youth may be favored or receive special attention? Y/N
Youth example or comment:

21. Are you aware of any person touching another youth inappropriately or in a way that makes you feel uncomfortable? Y/N
Youth example or comment:

22. While at Alpine, have you ever been touched by an adult or another youth inappropriately? Y/N
Youth example or comment:

23. While at Alpine, have you ever touched an adult or another youth inappropriately? Y/N
Youth example or comment:

24. Have you discussed, observed, or been a part of any unhealthy boundaries with a staff person such as:

- Youth personal sexual conduct or misconduct? Y/N
 - Adult's personal sexual conduct? Y/N
 - Use of alcohol or illegal drugs? Y/N
 - An adult's concerns regarding their employment (i.e. losing his/her job) Y/N

 - The possibility of developing a special relationship with you Y/N
 - The possibility of adopting you Y/N
 - Keeping secrets of any kind with you Y/N
 - Using a staff members cell phone or another person's cell phone Y/N
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