



## Colorado Springs Teen Court

Dear Participant and Parent/Guardian:

You have successfully completed all required conditions of Forge Evolution's Teen Court Program. The Forge Evolution staff hopes that this has been a positive experience for you.

In order to complete your obligation to the Teen Court Program, you must complete the *Participant Evaluation, Parent Evaluation, Outgoing Self Information Survey (OSIS) and the TGYS Survey (please note that these surveys are 2-sided).*

**These forms must be returned to Forge Evolution (either by mail, by fax, or brought to the Forge Evolution office in the Probation Department – Room 230 at the Municipal Courthouse) within ONE WEEK.**

YOU WILL RECEIVE YOUR CERTIFICATE OF COMPLETION AND YOUR SCHOOL WILL BE NOTIFIED OF YOUR COMPLIANCE ONLY AFTER THESE FORMS HAVE BEEN RETURNED TO THE FORGE EVOLUTION OFFICE.

If you are interested in becoming a student volunteer with the Teen Court Program, please be sure to answer "Yes" to question #9 on the Participant Evaluation form. You could volunteer on Teen Court Peer Panels or act as a student attorney or bailiff at Teen Court Trials. There are many benefits to volunteering with the Teen Court Program, and you get to work with other teenagers from all over the city.

Thank you and good luck!

Sincerely,

**Forge Evolution Staff**

**MAILING ADDRESS**

P.O. Box 2169  
Colorado Springs, CO  
80901-2169

**PHONE**

(719)475-7815

**WEBSITE**

FORGEEVOLUTION.ORG

**EMAIL**

INFO@FORGEEVOLUTION.ORG

**PARTICIPANT**  
QUESTIONNAIRE/EVALUATION

YOUTH #:



Colorado Springs  
Teen Court

**INSTRUCTIONS:** We are interested in your opinion about this program. Please answer the following questions. Your answers will be kept confidential.

**NAME:**

**AGE:**

**GRADE LEVEL:**

**GENDER:** M F

1. How would you rate your experience with Forge Evolution's Teen Court Program?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. What did you like most about the Teen Court Program?

3. Do you feel the Teen Court Program can be improved? (Please explain). ☐ YES ☐ NO

4. What did you learn from your experience with the Teen Court Program?

5. From your experience with the Teen Court Program, do you have a better understanding of the law? (Please explain).

6. Do you believe you were judged fairly by the teen panel/jury? (Please explain). ☐ YES ☐ NO

7. Based on your experience, do you feel that juveniles who go through the Teen Court Program will be less likely to get in trouble again? (Please explain). ☐ YES ☐ NO

8. What would you tell the next juvenile who comes through the Teen Court Program?

9. Would you like to become a volunteer with Forge Evolution's Teen Court Program? ☐ YES ☐ NO

**INSTRUCTIONS:** We are interested in your opinion about this program. Please answer the following questions. Your answers will be kept confidential.

**JUVENILE'S NAME:**

1. Was the paperwork dealing with your child's experience with the Teen Court Program clear and concise?

2. Do you have any suggestions that you feel would/could improve the Teen Court Program?

3. Do you feel the Teen Court Program was a worthwhile experience for your child? ☐ YES ☐ NO  
(Please explain).

4. Do you feel the sentence imposed on your child was fair? (Please explain). ☐ YES ☐ NO

5. If your child was assigned jury duty, did they find it to be a beneficial experience? ☐ YES ☐ NO  
(Please explain).

6. If your child is interested, would you allow them to participate in the Teen Program as a volunteer?

7. Would you like to receive more information about the Teen Court Program? ☐ YES ☐ NO

(Outgoing) Self Information Survey  
Self-Report for Ages 10-19

YOUTH #:

NAME:

AGE:

GENDER: M F

DATE:

**Instructions:** Below is a list of things that you might have in *yourself, your family, friends, neighborhood, school, and community*. For each item that describes you check if the item is true. **You must answer all questions as best you can.**

"I..."	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	"I..."	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
Have people to look up to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperate with people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Have at least one friend with whom I can talk about anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think getting an education is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Believe there is a trusted adult in my life who cares about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know how to behave in different social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tend to appreciate when expectations are clearly set for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel that my parent(s)/guardian(s) watch me closely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Follow expectations when they are set for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel that my parent(s)/guardian(s) know a lot about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feel like an important member of my school community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to finish what I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Use alcohol or drugs even if they cause social challenges, leading to fights or not getting along with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can solve problems without using illegal drugs and/or alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enjoy spending time in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel supported by my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Believe people in my family depend on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know where in my community to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Believe when I am not in school my friends or teachers notice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belong at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Believe it is hard to pay attention in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think my family will support me during difficult times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Help members of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel treated fairly in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In general, go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Am aware of my strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Get in trouble at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think it is important to be involved in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Am physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a trusted adult who is around when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In general, watch TV on the weekdays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Believe my family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do drugs or drink alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Have been bullied in the last year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NEXT PAGE

## SURVEY CONTINUED

“I believe it is clear how/how much  
adults expect me to...”

STRONGLY  
DISAGREE    DISAGREE    AGREE    STRONGLY  
AGREE

Watch TV.

☐ ☐ ☐ ☐

Be physically active.

☐ ☐ ☐ ☐

Treat my friends.

☐ ☐ ☐ ☐

Attend school.

☐ ☐ ☐ ☐

Behave at school.

☐ ☐ ☐ ☐

Use alcohol and drugs.

☐ ☐ ☐ ☐

**PLEASE MAKE SURE THAT YOU PUT YOUR NAME ON THIS SURVEY BEFORE TURNING IT IN.**



# TGYS SURVEY

TGYS Youth Outcome Survey: Tiers 2-4

The program you are taking this survey for is **TEEN COURT**

What is this survey?

This survey will ask you questions about your thoughts, feelings, and behaviors. By taking this survey, your program may learn ways to improve services. Please answer all questions honestly. You may skip questions you are not comfortable answering.



Read ALL instructions carefully.

Fill in only one answer for each question.

Use ONLY blue or black ink or pencil.

Fill in the circle completely.

Like this: ●

NOT like this: ✓ ✗ ○

## I. PROGRAM INVOLVEMENT

**How long did you participate in this program?**

- ☐ More than one year
- ☐ 6-12 months
- ☐ 1-5 months
- ☐ 1-3 weeks
- ☐ less than a week

**Think about how often this program meets or has activities for you to be part of (for example, every day of the school year; once a week; one weekend a year; four times a semester)**

**Since you started this program, about how often have you taken part in available activities?**

- ☐ Almost every chance I get
- ☐ More than half of the time
- ☐ About half of the time
- ☐ Less than half of the time
- ☐ Almost never

## II. PROGRAM EXPERIENCE

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. Program staff care about what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Program staff listen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Young people are important to program staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Like this:



NOT like this:



Answer the rest of the questions twice: (1) How would you have answered it **BEFORE THE PROGRAM** and (2) How you answer the question **NOW**.

You may skip a question if you are not comfortable answering.

### III. CONNECTIONS TO OTHERS

#### A. Connections to caring adults

I have at least one adult I can depend on.

- BEFORE THE PROGRAM**
- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

- NOW**
- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

I feel connected to adults in my life.

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

I have adults who ask for my thoughts on things.

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

I can ask adults for help when I need it.

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

My ideas are listened to and appreciated by adults in my life

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

- ☐ Strongly Disagree  
☐ Disagree  
☐ Agree  
☐ Strongly Agree

connections to caring adults continued on next page...



Like this: ☒

NOT like this: ☐



	BEFORE THE PROGRAM	NOW
I trust adults in my life.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I feel supported by the adults in my life.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree

## B. Connections to Your Friends and Groups of Friends

	BEFORE THE PROGRAM	NOW
I have close friendships.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
My friends care about me.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I feel accepted by my friends.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I have a friend who helps me when I am having a hard time.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree

connections to friends continued on next page...

Like this: ☒

NOT like this: ☐



	BEFORE THE PROGRAM	NOW
I feel good about my friendships.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree

#### IV. Feelings and Emotions

	BEFORE THE PROGRAM	NOW
I care about people's feelings.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I feel bad when someone gets their feelings hurt.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I try to understand how other people feel.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I can describe how I am feeling.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
When I feel pressure, I know how to stay in control of my feelings.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree

**feelings and emotions continued on next page...**

Like this: ☒NOT like this: ☐

	BEFORE THE PROGRAM	NOW
When I get upset, I can get myself to relax.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
When things go wrong, I can stay calm.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
When I need help, I find someone to talk with about it.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I can stand up for myself without hurting other people's feelings.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I am good at a lot of things.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I feel happy.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree

survey continued on next page...

## V. Drugs and Risks

Like this: ●

NOT like this: ✓



Fill in the bubble below for (1) how many times you used any of these drugs in the **30 days BEFORE the program** and (2) how many times you used any of these drugs **within the last 30 days**.

	In the 30 days before the program	In the past 30 days
How many times did you smoke part or all of a <b>cigarette</b> ?	<input type="radio"/> Never	<input type="radio"/> Never
	<input type="radio"/> 1-5 times	<input type="radio"/> 1-5 times
	<input type="radio"/> 6-19 times	<input type="radio"/> 6-19 times
	<input type="radio"/> 20-39 times	<input type="radio"/> 20-39 times
	<input type="radio"/> 40 times or more	<input type="radio"/> 40 times or more

How many times did you use <b>other tobacco products</b> ?	<input type="radio"/> Never	<input type="radio"/> Never
	<input type="radio"/> 1-5 times	<input type="radio"/> 1-5 times
	<input type="radio"/> 6-19 times	<input type="radio"/> 6-19 times
	<input type="radio"/> 20-39 times	<input type="radio"/> 20-39 times
	<input type="radio"/> 40 times or more	<input type="radio"/> 40 times or more

How many times did you drink an <b>alcoholic beverage</b> ?	<input type="radio"/> Never	<input type="radio"/> Never
	<input type="radio"/> 1-5 times	<input type="radio"/> 1-5 times
	<input type="radio"/> 6-19 times	<input type="radio"/> 6-19 times
	<input type="radio"/> 20-39 times	<input type="radio"/> 20-39 times
	<input type="radio"/> 40 times or more	<input type="radio"/> 40 times or more

How many times did you use <b>cannabis (marijuana)</b> ?	<input type="radio"/> Never	<input type="radio"/> Never
	<input type="radio"/> 1-5 times	<input type="radio"/> 1-5 times
	<input type="radio"/> 6-19 times	<input type="radio"/> 6-19 times
	<input type="radio"/> 20-39 times	<input type="radio"/> 20-39 times
	<input type="radio"/> 40 times or more	<input type="radio"/> 40 times or more

How many times did you use <b>any other drug</b> ?	<input type="radio"/> Never	<input type="radio"/> Never
	<input type="radio"/> 1-5 times	<input type="radio"/> 1-5 times
	<input type="radio"/> 6-19 times	<input type="radio"/> 6-19 times
	<input type="radio"/> 20-39 times	<input type="radio"/> 20-39 times
	<input type="radio"/> 40 times or more	<input type="radio"/> 40 times or more

drugs and risks continued on next page...

Like this: ●

NOT like this: ✓

✗



How much RISK of HARM might someone be in if they do the following things?  
Answer for what you thought (1) **BEFORE** the program and (2) what you think **NOW**.

BEFORE THE  
PROGRAM

NOW

When they smoke one or more  
packs of **cigarettes** per day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

When they use **cannabis**  
(**marijuana**) once or twice a  
week?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

When they have five or more  
drinks of an **alcoholic beverage**  
once or twice a week?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

survey continued on next page...

## VI. About You

Like this: ☒

NOT like this: ☐



How do you identify?

- ☐ Boy
- ☐ Girl
- ☐ Nonbinary
- ☐ Prefer to self-describe:
- ☐ Prefer not to respond

How old are you?

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="radio"/> 8  | <input type="radio"/> 14          |
| <input type="radio"/> 9  | <input type="radio"/> 15          |
| <input type="radio"/> 10 | <input type="radio"/> 16          |
| <input type="radio"/> 11 | <input type="radio"/> 17          |
| <input type="radio"/> 12 | <input type="radio"/> 18          |
| <input type="radio"/> 13 | <input type="radio"/> 19 or older |

What language do you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Other (please specify)

What is your race or ethnicity (*select all you identify with*)?

- ☐ African, African American, Afro-Caribbean, or black
- ☐ Alaska Native, American Indian, First Peoples, Indigenous, or Native American
- ☐ Arab American or Middle Eastern
- ☐ Asian American or East Asian
- ☐ Caucasian, Euro-American, or White
- ☐ Chicana/o/@, Hispanic American, or Latina/o/@/e/x
- ☐ Indian American (India) or South Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other (please specify)
- ☐ I don't know or don't want to say