



Children's Health Insurance Program Reauthorization Act (CHIPRA) Teen Leader Project

Teen Leader Survey

School: _____

Name (optional): _____

Please mark an X to indicate how much you agree with the statement and leave a comment:

1. The training was sufficient for what I needed to learn and do as a teen leader.

5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree

Comment:

2. I felt clear in my role as a teen leader and comfortable with what I had to do.

5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree

Comment:

3. The contact log was easy to fill out.

5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree

Comment:

4. The adults I provided outreach and education sessions to found the materials helpful.

5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree

Comment:

5. I had adequate support and communication from my teacher adviser.

5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree

Comment:

6. What challenges did you run into when doing outreach and education?

7. Overall, what did you like about this project?

8. What did skills and knowledge did you gain from the project?

9. Does this project align with any career goals you have?

10. Would you recommend this project to a friend (to be a teen leader)? Why or why not?