

YOUTH TRANSFORMATION CENTER - RJ MEETING STUDENT FEEDBACK
FOR TRANSFORMING SAFETY PROJECT WITH ELEMENTARY SCHOOLS



This form should be filled out by students with support from an adult if necessary.

Which best describes you today?

- Person Harmed
- Person Who Caused Harm
- Supporter
- Parent
- School Staff
- Other (explain: _____)

Please mark the best answer:

1. Were things fair?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
2. Did you feel listened to?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
3. Were your questions answered?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
4. How did this meeting go for you? Please circle the best answer: <div style="display: flex; justify-content: space-around; width: 100%;"> bad kind of bad I don't know kind of good good </div>			
5. Please share any other comments you have:			

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Which best describes you today?

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Please mark the best answer below. Please ask for help if you are unsure of any of these questions.

1. Were things fair?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
2. Did you feel listened to?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
3. Were your questions answered?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
4. Did you come to today's meeting by choice?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
5. Was today's meeting useful to you?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
6. Do you think the student who did harm was held accountable? Did she or he take responsibility for his/her actions?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
7. Were the needs of the person who was harmed met?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
8. Were the consequences fair?	<input type="checkbox"/> No	<input type="checkbox"/> Sort of	<input type="checkbox"/> Yes
9. Would you suggest this meeting for others?	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> Yes
10. How did this meeting go for you? Please circle the best answer:			
bad kind of bad I don't know kind of good good			
11. Please share any other comments you have:			