

# Young Adult Support Program Questionnaire

Are you living in your own apartment? Yes\_\_\_ No\_\_\_

Are you working? Yes\_\_\_ No\_\_\_

Are you in school? Yes\_\_\_ No\_\_\_

Do you receive other support services? If yes, where? Yes\_\_\_ No\_\_\_

Other services: \_\_\_\_\_

Do you budget your own money? Yes\_\_\_ No\_\_\_

If applicable, rate your goal progress:

**1** = low progress, **2** = medium progress, **3** = high progress

Vocational (school or employment) exploration/progress:

1            2            3

Social Integration opportunities (groups, programs, activities, etc):

1            2            3

Life skills improvement (cooking, washing dishes, budgeting, shopping, hygiene, independent living, etc...):

1            2            3

Social skills development (comfort with other people, being able to listen to others, developing empathy, etc...):

1            2            3

Other (specify): \_\_\_\_\_

1            2            3

Do you feel that you are supported at Ometz in pursuing your individual goals? Yes\_\_\_ No\_\_\_

Do you feel that this program contributed to any changes that you made? Yes\_\_\_ No\_\_\_

Comments:

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