



# Exit Form

**In Control Program**  
550 E. Main Street  
Rochester, NY 14604  
(585) 328-3408

Please answer all the questions below as completely as you can. This information is **confidential** and will not be shared with anyone in your school or family.

Today's date \_\_\_\_\_

Name \_\_\_\_\_  
*first/given name* *middle name* *last/family name*

Date of birth \_\_\_\_\_

Address \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

During this school year, did you or do you think you will:

- Fail any courses for the whole year?  No  Yes How many? \_\_\_\_\_
- Get an 'F' or failing grade on your report card?  No  Yes How many? \_\_\_\_\_
- Get suspended from school?  No  Yes How many times? \_\_\_\_\_
- Cut classes without permission?  No  Yes How many classes? \_\_\_\_\_
- Get pregnant or cause a pregnancy?  No  Yes How many times? \_\_\_\_\_
- Give birth or father a baby?  No  Yes How many times? \_\_\_\_\_

If you are in school now, what grade are you in this year? \_\_\_\_\_

What school are you planning to attend next year? \_\_\_\_\_

If you have not graduated and are not planning to attend a school, please explain \_\_\_\_\_

Please share your feelings about In Control:

How often did you feel this way? 1 = not at all; 5 = all the time	Not at all	Somewhat	A little	A lot	All the time
I felt that In Control staff was very welcoming.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt it was ok to express my feelings during my In Control program.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The overall feel of the In Control building (including other participants) was welcoming and comfortable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My overall experience at In Control was enjoyable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

What In Control program(s) were you in?

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> College tour                                | <input type="checkbox"/> Cooking  | <input type="checkbox"/> Dance              |
| <input type="checkbox"/> Drama                                       | <input type="checkbox"/> General  | <input type="checkbox"/> Media broadcasting |
| <input type="checkbox"/> Mighty Liberators (color guard, drum corps) | <input type="checkbox"/> Music    |   |
| <input type="checkbox"/> Peer education                              | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Video production   |

How beneficial was it to you?

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What program(s) would you like to see provided at In Control and why?

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If there was something you could change about the program you were in, what would that be and why?

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If there was something you could change about In Control as a whole, what would that be and why?

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While attending the In Control program, which staff member(s) did you feel was/were the most helpful and why? (Feel free to choose more than one staff member.)

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**Please check your form to make sure you answered every question.**

Your feedback matters to us. Thank you for your help!