GROUP LOCATION: _______________________________ Facilitator Initials: ____  ____

*PRIOR TO ADMINISTRATION, COMPLETE ONE SURVEY WITH EACH STUDENT’S INFORMATION*

Date: _____/_____/_____  □ Pre □ Post If Time Series: □ 2nd Post □ 3rd Post □ 4th Post

FIRST 2 letters of FIRST NAME: ____  ____

LAST 2 letters of LAST NAME: ____  ____

If initials are like another’s, add “X”. ____

Grade: K 1 2 3

Gender:  Male  Female  

Age:  4  5  6  7  8  9  10  11  12

Race/Ethnicity:  □ Asian American  □ Black/African American  □ Hispanic or Latino/a  
□ Native American/American Indian  □ White or Anglo  □ Other ___________

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1. I know how to make healthy choices. □  □  □ ?

2. Asking for help is smart. □  □  □ ?

3. I have decided I will graduate from school. □  □  □ ?

4. I can say no to drugs. □  □  □ ?

5. I have people who care about me. □  □  □ ?

6. I know how to be a good friend. □  □  □ ?

7. I can get angry and still be nice. □  □  □ ?

Thank you!