**Social Validity Questionnaire**

1. Did you like being in this special program?
2. What did you like best about this special program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you like…

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not much | A little | A lot |
| Being out of class? |  |  |  |
| Spending time with the group leader? |  |  |  |
| Earning prizes? |  |  |  |
| Learning new skills? |  |  |  |

1. Do you feel you learned important things?

If yes, what is/are the most important things you learned?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you learn things that will…

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not much | A little | A lot |
| Help you do better in school? |  |  |  |
| Help you get along with other kids? |  |  |  |
| Help you make good choices? |  |  |  |
| Help you at home? |  |  |  |

1. Do you use the skills that you learned in our special program? If yes, where do you use these skills…

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not much | A little | A lot |
| In class? |  |  |  |
| With your teachers? |  |  |  |
| With your friends? |  |  |  |
| With other kids? |  |  |  |
| At home? |  |  |  |

1. Do you wish our special program could have lasted longer? If yes, how much longer would you like to have met?
2. Is there anything else you would like to tell me about our special program?