

YOUTH LEADER INFORMATION FORM (Wave 4)

Thank you for participating in the 4-H Study of Positive Youth Development. In order to help us better understand your program, we ask that you please fill out the following information. When you are finished, please return this form in the enclosed return envelope.

Your Program Name _____

Town, State _____

Meeting Location (school, community center, church etc.) _____

1. Is your program a 4-H sponsored Program? Yes No

If yes, what type of 4-H program

Club
Camp
After School Program
Special Interest Group
School Enrichment

2. What is the program curricular or content (e.g. archery, animal science)

3. Do you follow a specific 4H curriculum? Yes No

If yes, _____

4. How long has program/club been in place? _____ yrs.

5. Number of participants _____.

6. How many _____ days/week or _____ days/month does the club/program meet?

7. How many _____ months/year does the program meet?

We would like to have your contact information in case we should have any additional questions.

NAME _____

PHONE NUMBER _____

E-MAIL _____

If HealthRocks! is being implemented at your site now, please fill out **PAGE 2**.

If HealthRocks! is NOT being implemented at your site now but has been in the past, please fill out **PAGE 3**.

If HealthRocks! has NEVER been implemented at your site, you do not need to fill out anything else.

PLEASE FILL OUT THIS PAGE IF YOU ARE CURRENTLY IMPLEMENTING HEALTHROCKS! IN YOUR PROGRAM

We would like to know some details about the Health Rocks! program that you are currently leading.

1. Did you participate in the formal Health Rocks training? Yes No

 If yes, where was the training held?_____

 If yes, when was it?_____

2. Is this your first time implementing the Health Rocks! Program? Yes No

 If no, for how many years has the curriculum been presented at your site? _____

3. What are the program implementation dates this year? Start date:_____ End date:_____

4. How many days a week is the program/curriculum presented?_____

5. For what length of time?_____

6. How many teen leaders are part of the program?_____

7. How many adult leaders are part of the program?_____

8. How many youth participate?_____

9. Please indicate which curriculum components you will cover and which components you have already covered?

1. Tobacco Stories	Yes	No	completed
2. Keeping Kids Healthy	Yes	No	completed
3. What's the media got to do with this?	Yes	No	completed
4. Deciding to be healthy for life	Yes	No	completed
5. Stress: Strategies to reduce every single struggle	Yes	No	completed
6. Commitment to Care	Yes	No	completed

**PLEASE FILL OUT THIS PAGE IF HEALTHROCKS! HAS BEEN
IMPLEMENTED AT YOUR SITE IN THE PAST BUT IS NOT CURRENTLY
BEING IMPLEMENTED**

We would like to know some details about the Health Rocks! program that was implemented at your site in the past.

1. Did the leader participate in the formal HealthRocks training? Yes No

 If yes, where was the training held? _____

 If yes, when was it? _____

2. How many years was the HR! curriculum presented at your site? _____

3. When was it terminated? _____

4. How many days a week was the program/curriculum presented? _____

5. For what length of time? _____

6. How many teen leaders were part of the program? _____

7. How many adult leaders were part of the program? _____

8. How many youth participated? _____

9. What curriculum components were covered?

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|---|-----|----|
| 1. Tobacco Stories | Yes | No |
| 2. Keeping Kids Healthy | Yes | No |
| 3. What's the media got to do with this? | Yes | No |
| 4. Deciding to be healthy for life | Yes | No |
| 5. Stress: Strategies to reduce every single struggle | Yes | No |
| 6. Commitment to Care | Yes | No |