

• Name: \_\_\_\_\_

• Age \_\_\_\_\_

• Community \_\_\_\_\_

• Male/Female (Circle One)

Is English your second language (Yes/No)? \_\_\_\_\_

In what country were you born? \_\_\_\_\_

	No	Sort of...	Yes
Do you feel comfortable meeting new people?			
Do you have people in your life who you trust?			
Do you feel comfortable in places you've never been before?			
Do you feel comfortable trying new things—even hard ones?			
Do you like living in your community?			

**Why do you feel that way about your community?**

**Why are you excited about being a part of DREAM?**

**What do you hope DREAM will be for you?**

**Administrator Info:**

Your Name:

Date of Survey Administration:

Survey Self Administered by child? YES/NO