

Positive Youth Development (PYD) Training - January 2024: Pre-Course Survey

PRIVACY NOTICE:

The survey is administered by the Inclusive Development (ID) Hub/Youth Team: Communications and PYD Training. The information provided will be used to help the facilitators better prepare based on the registered participants.

The ID Hub/Youth Team and Designing Effective eVidence-Based Engagement and Learning for Organizational Performance (DEVELOP) will be reviewing this data for internal purposes. This data will not be shared externally in reports, publications, and/or presentations. As no personally identifiable information (PII) will be collected during this survey, your individual responses will not be attributed or linked to you. Only aggregate responses will be shared and will solely be used for internal leadership planning and decision making. We kindly ask that you do not include any PII in your responses to protect your identity.

This survey should take approximately **five minutes** to complete. Your participation will help ensure adequate representation of your views in the final results and outcomes. If you agree to participate, you may withdraw your participation in the survey at any time by simply exiting the survey. You may choose to respond to any or all of the questions. The completion of this survey implies your consent to participate.

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Act unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0412-0609 (expires 04/30/2024). Without this approval, we could not conduct this survey. Public reporting for this survey is estimated to be approximately 30 seconds per response. All responses to this survey are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to icrteam@usaid.gov.

Please submit your response by **5 pm ET January 7, 2024**. For more information, please contact **Hilary Taft** at htaft@usaid.gov.

Thank you in advance for your assistance!

1. Where are you based?

Mark only one oval.

- ☐ Mission
- ☐ Washington (Headquarters)
- ☐ Other: _____

2. Number of years of experience with youth programming.

Mark only one oval.

- ☐ Less than 1 year
- ☐ 1 year - 3 years
- ☐ 3 years - 5 years
- ☐ 5 years - 7 years
- ☐ 7 years - 10 years
- ☐ 10+ years

3. Number of years of experience in international development.

Mark only one oval.

- ☐ Less than 1 year
- ☐ 1 year - 3 years
- ☐ 3 years - 5 years
- ☐ 5 years - 7 years
- ☐ 7 years - 10 years
- ☐ 10+ years

4. Number of years of experience working for USAID.

Mark only one oval.

- ☐ Less than 1 year
- ☐ 1 year - 3 years
- ☐ 3 years - 5 years
- ☐ 5 years - 7 years
- ☐ 7 years - 10 years
- ☐ 10+ years

5. Please rate your current knowledge and ability to identify the key priorities of a PYD approach.

Mark only one oval.

	1	2	3	4	5	
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

6. Please rate your current commitment to youth engagement and integration across all sectors.

Mark only one oval.

	1	2	3	4	5	
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

7. Please rate your current ability to integrate and apply PYD in your work.

Mark only one oval.

	1	2	3	4	5	
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High

8. Are there any topics or issues you would specifically like to be covered in this training?

9. If you answered "yes" above, please note if the youth project or activity involves one or more of the following features:

Check all that apply.

- ☐ Skill Building
- ☐ Youth Engagement and Contribution
- ☐ Health Relationships and Bonding
- ☐ Belonging and Membership
- ☐ Positive Norms, Expectations, and Perceptions
- ☐ Safe Spaces
- ☐ Access to Age Appropriate and Youth Friendly Services

10. Is your Mission currently working on or planning for upcoming youth-related program or activity design?

Mark only one oval.

☐ Yes

☐ No

☐ Unsure

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