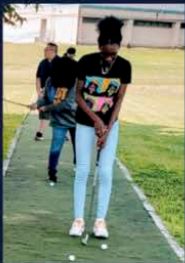




Be Inspired. Be Determined. Be Unstoppable!

Be our next Rising Star! ASSESSMENT



Your journey to becoming a Rising Star begins here!

Thank you for your interest in attending the Rising Stars Youth Leadership Academy. This form can be completed online prior to the start of the program or can be downloaded and returned during the first session of the program.

Please print out or fill this form online and drop it off any Fort Worth community center or e-mail it to stephen.dworaczyk@fortworthtexas.gov.

Make sure that you and your parent(s) have read over the program overview prior to completing this assessment. After reading, be sure you are willing to commit to this program, there are limited spots available.

This assessment will provide us a baseline for understanding your interest and goals prior to the start of the program. It will also allow us to be a little more familiar with how to formulate to program to meet your needs.

This should take you 30 minutes to one hour to complete.



For more information, contact Steve Dworaczyk at 817-392-8725 or stephen.dworaczyk@fortworthtexas.gov



Rising Stars Youth Leadership Academy Assessment - PAGE 2

1. How long have you participated in Rising Stars Youth Leadership Academy?

Never	1 Year	2 Years	3 Years	4 Years	5 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Rank how knowledgeable you feel you are currently about the following topics.

Check one answer, per row.

Topic	Not Familiar	Familiar	Very Familiar /Confident
College application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting and achieving goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness & Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing for success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer pressure & bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community service projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger of drug & alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What are your expectations of this program? Check one.

Not sure I will like it	Don't know what to expect	Excited, can't wait to start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Rising Stars Youth Leadership Academy Assessment - PAGE 3

4. First and Last Name

First	Last

5. Birthday

Month	Day	Year

6. Age

Age

7. Ethnicity (check only one)

African-American	Hispanic or Latino	White	Native American/Alaskan Pacific Islander	Asian	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Name of School & Current Grade

School Name	Grade

9. Are you able to attend Sessions on Tuesday evenings (6-7 p.m.) and some Saturdays?

Yes	No	Might have conflict on some days please list the reason (i.e. football, working, active in clubs or organization)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Rising Stars Youth Leadership Academy Assessment - PAGE 4

10 . List the special projects, activities or things you have done and/or have done in your community.

11 . Please describe any academic achievements, community service activities, examples of leadership, or other personal characteristics that show you deserving to be part of the program. For example: started a community garden, helped a senior citizen took gifted or advanced classes, science fairs, clubs or competitions, etc.



Rising Stars Youth Leadership Academy Assessment - PAGE 5

12 . Discuss any of your extracurricular/volunteer activities (both on and off campus) that you have been involved in.

13 . Do you have any special interests (music, dance, starting a business, fitness, etc.)?



Rising Stars Youth Leadership Academy Assessment - PAGE 6

Contact Information

Parent/Guardian Name

First	Last

Parent/Guardian Phone Numbers

Home	Cell

Is it ok to Text Yes
this number? No

Parent/Guardian E-mail

E-Mail

THANK YOU FOR YOUR INTEREST IN RISING STARS