

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. You may also print and e-mail 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.

***ASSESSMENT***

**For more information, contact Steve Dworaczyk at**

**817-392-8725 or stephen.dworaczyk@fortworthtexas.gov**

### Your journey to becoming a Rising Star **begins here!**



| Topic | Not Familiar | Familiar | Very Familiar /Confident |
| --- | --- | --- | --- |
| College application process | ❏ | ❏ | ❏ |
| Public speaking | ❏ | ❏ | ❏ |
| Money management | ❏ | ❏ | ❏ |
| Setting and achieving goals | ❏ | ❏ | ❏ |
| Fitness & Wellness | ❏ | ❏ | ❏ |
| Dressing for success | ❏ | ❏ | ❏ |
| Peer pressure & bullying | ❏ | ❏ | ❏ |
| Community service projects | ❏ | ❏ | ❏ |
| Danger of drug & alcohol abuse | ❏ | ❏ | ❏ |

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

Check one answer, per row.

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

| Never | 1 Year | 2 Years | 3 Years | 4 Years | 5 Years |
| --- | --- | --- | --- | --- | --- |
| ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |

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# 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 |
| --- | --- | --- |
| ❏ | ❏ | ❏ |



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# 4. First and Last Name

| First | Last |
| --- | --- |
|  |  |

# 5. Birthday 6. Age

| Month | Day | Year |
| --- | --- | --- |
|  |  |  |

# 7. Ethnicity (check only one)

| Age |
| --- |
|  |

| African-American | Hispanic or Latino | White | Native American/Alaskan Pacific Islander | Asian | Other |
| --- | --- | --- | --- | --- | --- |
| ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |

# 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) |
| --- | --- | --- |
| ❏ | ❏ | ❏ |



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# 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.



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# 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.)?



* Yes
* No

# Parent/Guardian Name

| First | Last |
| --- | --- |
|  |  |

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# Parent/Guardian Phone Numbers

| Home | Cell |
| --- | --- |
|  |  |

# Is it ok to Text this number?

# Parent/Guardian E-mail

| E-Mail |
| --- |
|  |

THANK YOU FOR YOUR INTEREST IN RISING STARS

***Contact Information***