Simplified Feedback & Monitoring Form – Youth Participants

Section A: Profile

Name (optional): _____

Age: ___ Gender: ___ District: _____

Program: ☐ Vocational Skills ☐ Leadership ☐ Microgrant ☐ Other

Section B: Experience

1. Did the program increase your skills in… Digital ☐ Yes ☐ No | Entrepreneurship ☐ Yes ☐ No | Leadership ☐ Yes ☐ No | Well-being ☐ Yes ☐ No

2. Do you feel included and heard in decision-making? ☐ Always ☐ Sometimes ☐ Never

3. Which MW Standard did the program reflect best? ☐ Inclusive Work ☐ Growth through Work ☐ Rewarded Work ☐ Purposeful Work ☐ Connected Work ☐ Other: _____

Section C: Impact

1. I feel more confident about my employability: ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree

2. I can access more opportunities now compared to before the program: ☐ Yes ☐ No

Section D: Suggestions

What would you change to improve the program? _____