Student Questionnaire – TAAG Programs

Today's Date: __ / __ / ____ (mm/dd/yyyy)

Check off all of the programs you attended at least once during this school year.

- [ ] Did not attend any programs
- [ ] 1. Name of Program
- [ ] 2. Name of Program
- [ ] 3. Name of Program
- [ ] 4. Name of Program
- [ ] 5. Name of Program
- [ ] 6. Name of Program
- [ ] 7. Name of Program
- [ ] 8. Name of Program
- [ ] 9. Name of Program
- [ ] 10. Name of Program
- [ ] 11. Name of Program
- [ ] 12. Name of Program
- [ ] 13. Name of Program
- [ ] 14. Name of Program
- [ ] 15. Name of Program
- [ ] 16. Name of Program
- [ ] 17. Name of Program

For office use only:
1. Total the number of checks and write the number here. If "did not attend any programs" is checked, put a '0' in the space. _____

2. Total number of programs offered above: _____