Contact survey

YP’s name……………………………………………………………………………...

Advisers Name……………………………………………………………………….

Venue…………………………………………………………….……………………….

Academic age- yr 11 / 12 / 13 / 14 (please circle)

**Before the interview, how confident are you about achieving your goals?**

(Please circle - 1 is not at all confident and 10 is very confident)

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**Now that you have had your interview how confident are you about your goals?**

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