

## Human Trafficking Assessment

This survey is completely voluntary.

Name, Date &  
Period \_\_\_\_\_

How old are you? \_\_\_\_\_ What is Your School Grade Level? \_\_\_\_\_

Have YOU ever been asked to Perform a Sexual Favor? \_\_\_\_\_ What did they offer to give you (Circle): Money, Food, A Place to Stay, Clothing, Drugs, Gaming System, Something Else of Value \_\_\_\_\_

How old were you when they asked you to do this? \_\_\_\_\_ Is this info. about you or someone else? \_\_\_\_\_ What city was this in? \_\_\_\_\_

Where were you when they asked You? (Ex. At School, Convenience Store, Waiting for Parent Pick Up, at the Park)?  
\_\_\_\_\_

What type of act, specifically, were you asked to Perform or Recruit for? (Ex. Sex Act, Send Inappropriate Pictures/Videos, Get other kids, Something Else) \_\_\_\_\_

How long were you doing this for? \_\_\_\_\_

How long ago was it (Please Circle)? **Less Than One Month**   **3-6 Months**   **6-12 Months**  
**Over One Year**

Are you safe at Home (Please Circle)? Y/N

Do you or your family have any issues you need help with? (Please Circle) Y/N

Would you like to have someone help you in dealing with this? (Please Circle) Y/N

Are you afraid of someone hurting you if you tell on them? (Please Circle) Y/N

Describe the person who recruited you or got you involved in this (Ex. Boyfriend/Girlfriend, Friend, Parent, Uncle, Guy on the Street, Teacher, Someone at School, Etc.) \_\_\_\_\_

What type of support/guidance do you need help with? Circle All that Apply: **Help to be Safe, Need Food, Addiction Recovery, Need Clothes, Counseling for You or Your Family, Cutting, Domestic Violence/Sexual Abuse, Eating Disorders, GED/Education, Help Talking to Parents, STD's, Job, Pregnancy, Mentoring, Prayer, Safe Housing, Suicide, Other** \_\_\_\_\_

You are valuable, and No one deserves to be abused or exploited!