



PROGRAM OUTCOME EVALUATION

CHILD'S NAME: _____ MATCH ID #: _____

PERSON COMPLETING FORM: BIG TEACHER PARENT NAME: _____

LENGTH OF MATCH WHEN ADMINISTERED: _____ DATE COMPLETED: _____

CHILD'S AGE: _____ CHILD'S GENDER: MALE FEMALE

CHILD'S ETHNICITY: WHITE BLACK HISPANIC ASIAN NATIVE AMERICAN OTHER

TYPE OF MATCH: COMMUNITY BASED SCHOOL BASED MATCH COUNTY: ROCK WALWORTH JEFFERSON

**We would like you to describe any changes you've observed in the below areas *over the past year*.
It's okay to indicate "don't know" if you have no knowledge about change in a given area.**

	Much Better	A Little Better	No Change	A Little Worse	Much Worse	Don't Know	Not A Problem
1) Self-confidence • <i>A sense of well-being</i> • <i>Able to express feelings</i> • <i>Has interests/hobbies</i> • <i>Sense of future</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) School Preparedness • <i>Completes homework</i> • <i>Uses school resources (tutors/library)</i> • <i>Is positive about going to school</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Academic Performance • <i>Makes good grades</i> • <i>Is positive about learning</i> • <i>Actively takes part in learning</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Makes good choices • <i>Thinks before acting</i> • <i>Aware of consequences of behavior</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Uses community resources • <i>YMCA, library, scouts, 4-H, church</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Respects other cultures • <i>Doesn't stereo type or put down other ethnic, racial, language or national groups</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Ability to avoid delinquency • <i>Refrains from behaviors that are illegal</i> • <i>Doesn't use drugs, alcohol or tobacco</i> • <i>Doesn't engage in sexual behavior</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Relationship with peers • <i>Has close friends</i> • <i>Interacts well with other children his/her own age</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Relationship with adults • <i>Interacts well with other adults</i> • <i>Shows respect to you and other adults</i> • <i>Shows trust towards you</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Relationship with family • <i>Interacts well with family members</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the back of this form to write any comments that you may have. Thank you!

Signature: _____

Date: _____