

## **Animal Assisted Therapy Program School Staff Evaluation Form**

The School Focused Youth Service will use the evaluation data provided below to inform the evaluation of the Animal Assisted Program in 2018. Thank you for your time.

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- 2. Your Job Title:
- 3. Your Canine Comprehension Tutors' Name:

Number and profile of students who participated in the program											
		Grade/Year Level									
	5	6	7	8	9	10	11	12			
Total numbers of students											
Indicators of	disenga	gement	[mark a	ll that a	pply]						
Low attendance											
Behavioural issues											
Low educational achievement or engagement											
Contact with wellbeing team											
Incidents of suspension or other disciplinary measures											
Other [specify]											
Barriers to	engagei	ment [m	ark all t	hat app	ly]						
Personal issues (e.g. mental health, criminal behaviour, drug dependency)											
Family factors (e.g. family breakdown and/or crisis, domestic violence)											
School related issues (e.g. negative experiences)											
Other [specify]											
Vulnerab	le coho	rt [mark	all that	apply]							
Out-of-Home-Care											
Aboriginal or Torres Strait Islander											
Refugee or new arrival											
Student has a disability											
Other (e.g. young parent, young carer, LGBTQI+, low SES) [specify]											

4. Please fill in the following participation rates:



No. of students				
that attended				

5. Did you observe any of the following behaviours by students during the program?

Behaviours Demonstrated (please tick)	YES	NO	Comments
Use of mindfulness strategies?			
Identifying/naming behaviours?			
Use of cognitive behavioural therapy strategies? (i.e. self-talk/accurate thinking/checking thoughts and feelings)			
Students talking more to their peers?			
Peers supporting one another?			
Positive communication skills?			
Ability to self-soothe?			
Taking breaks when needed?			

6. Through completing this program I have observed the students in general...

Outcomes Achieved (please tick)	YES	NO	Comments
have decreased levels of anxiety			
have increased connection to peers			
have increased emotion regulation skills			
are more engaged with school			

7.	Were you h	appy with the o	content and delive	y of the pro	gram? Please comment.
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8. What has been the most significant change you have observed through the delivery of the AAT Program at your school?

9. Do you have any suggestions for how to improve the AAT Program?

10. Any other comments?

11. For each student who participated in the program please rate each of the following areas indicating where you think they were/are at before and after the program. Please rate the student in each area from 0 (very poor) to 10 (very good), in the following table from 0 to 10.



For example, this student, RJ, has slightly improved across most areas. The student's engagement was not rated low before the program and remains the same after the program:

Student (initials)	Peer cor & commu	k nication	Mental wellbeing (e.g. an absence of anxiety or depression) Before After		Attendance		Engagement		Emotional regulation	
	Before	After	Before	After	Before	After	Before	After	Before	After
RJ	5	8	4	6	7	8	8	8	4	6

Please complete the following table as per instructions above.

Student (initials)	Peer cor 8 commu ski	k nication		ng (e.g. ence of ety or	Atten	dance	Engag	Engagement		Emotional regulation	
	Before	After	Before	Before After		After	Before	After	Before	After	