Animal Assisted Therapy Program School Staff Evaluation Form

The School Focused Youth Service Coordinators will use the evaluation data provided below to inform the evaluation of the Animal Assisted Therapy Program in 2019.

Please return this form to the Canine Comprehension Tutor on the last day of the program, or to the School Focused Youth Service Coordinator, within one week of the program's conclusion.

Thank you for your time.

1. **School Name:** _____
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 disengagement [mark all that apply]								
Low attendance	☐	☐	☐	☐	☐	☐	☐	☐
Behavioural issues	☐	☐	☐	☐	☐	☐	☐	☐
Low educational achievement or engagement	☐	☐	☐	☐	☐	☐	☐	☐
Contact with wellbeing team	☐	☐	☐	☐	☐	☐	☐	☐
Incidents of suspension or other disciplinary measures	☐	☐	☐	☐	☐	☐	☐	☐
Other [specify]	☐	☐	☐	☐	☐	☐	☐	☐
Barriers to engagement [mark all that apply]								
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]	☐	☐	☐	☐	☐	☐	☐	☐
Vulnerable cohort [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:**

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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 happy with the content and delivery of the program? Please comment.**

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 connection & communication skills		Mental wellbeing (e.g. an absence of anxiety or depression)		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 connection & communication skills		Mental wellbeing (e.g. an absence of anxiety or depression)		Attendance		Engagement		Emotional regulation	
	Before	After	Before	After	Before	After	Before	After	Before	After