



Student Evaluation Form - Animal Assisted Therapy Program

This survey will help us learn about you and other students in the program. Your answers will help us to continue to improve the program. Please answer each question as honestly as you can and remember there are no right or wrong answers. Your answers will be kept private and confidential.

Grade	School
Tutor's Name	Date

1. Please tick whether the following statements are True or False:

Because of the program....	TRUE ✓	FALSE ?
I learnt about mindfulness strategies	<input type="checkbox"/>	<input type="checkbox"/>
I know more about naming my feelings now	<input type="checkbox"/>	<input type="checkbox"/>
I know more about how my thoughts effect my behaviour and feelings	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident to talk to other students now	<input type="checkbox"/>	<input type="checkbox"/>
I am more likely to ask someone for help when I need it now	<input type="checkbox"/>	<input type="checkbox"/>
I have better communication skills now	<input type="checkbox"/>	<input type="checkbox"/>
I know how to calm myself down more now	<input type="checkbox"/>	<input type="checkbox"/>
I know how to take breaks when I need to now	<input type="checkbox"/>	<input type="checkbox"/>

Overall, I feel...	TRUE ✓	FALSE ?
less anxious now than when I started the program	<input type="checkbox"/>	<input type="checkbox"/>
more connected to other students at school now	<input type="checkbox"/>	<input type="checkbox"/>
better able to deal with my emotions now	<input type="checkbox"/>	<input type="checkbox"/>
better about coming to school now	<input type="checkbox"/>	<input type="checkbox"/>

2. How do you feel about coming to school now? Why?

3. What was the best thing about doing the Program?

4. Do you have any other comments?



Thank you for your time!