

Student Evaluation Form

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.

Date of Birth: ___ ___ / ___ ___ / 20 ___ ___	Your initials: ___ ___	Year level: _____
School:	Tutor:	Please circle Pre Post

Thinking about yourself, how much do you **agree** or **disagree** with the following statements?

	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I work hard to achieve my goals					
There is a teacher or other adult at this school who I trust					
I wish I went to a different school					
I ask for help when I need it					
I have at least one good friend					
I can stand up for myself					
When I get angry, I can calm myself down					
I try to be nice to other people. I care about their feelings					
Before I do something, I always think about how it will affect other people					
I feel good about going to school					
I am easily distracted; I find it hard to concentrate					
I tend to bounce back after illness or hardship					