



Pre Evaluation

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:

Before the program....	TRUE ✓	FALSE ?
I know about mindfulness strategies	<input type="checkbox"/>	<input type="checkbox"/>
I can name my feelings	<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 confident to talk to other students	<input type="checkbox"/>	<input type="checkbox"/>
I am able to ask someone for help when I need it	<input type="checkbox"/>	<input type="checkbox"/>
I have have good communication skills	<input type="checkbox"/>	<input type="checkbox"/>
I know how to calm myself down	<input type="checkbox"/>	<input type="checkbox"/>
I know how to take breaks when I need to	<input type="checkbox"/>	<input type="checkbox"/>

Overall, I feel...	TRUE ✓	FALSE ?
anxious about starting the program	<input type="checkbox"/>	<input type="checkbox"/>
connected to other students at school	<input type="checkbox"/>	<input type="checkbox"/>
able to deal with my emotions	<input type="checkbox"/>	<input type="checkbox"/>
I like going to school	<input type="checkbox"/>	<input type="checkbox"/>

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

3. What do you think will be the best thing will be about doing the Program?

4. Do you have any other comments?



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Thank you for your time!