


# Youth

## WEEKLY MENTOR PROGRAM MIDTERM and ENDING EVALUATION

Circle one: MIDTERM                  END

Today's Date: \_\_\_\_\_ Your First Name : \_\_\_\_\_ Age: \_\_\_\_\_


Facility (Group Home) Name: \_\_\_\_\_

These are some things kids say about their mentors. Please check  a box to say how true it is for you and how you feel. For each sentence check if the statement is not true at all, if it's not very true, if it's sort of true or if it's very true for you.

When I'm with my Free Arts Mentor ...	No	Sometimes	Yes
1. I feel happy			
2. I feel disappointed			
3 I feel mad			
4. I feel bored			
5. I feel sad			
6. I feel excited			
7. I feel special			
8. I feel important			

OVER 



For each of the following statements, place a check mark  in the box to say if this is not true at all, not very true, sort of true, or very true for you.

	No	Sort of	Yes
9. My mentor has helped me feel comfortable talking with new people.			
10. My mentor has helped me learn how to get along better with my friends and the people I live with.			
11. My mentor has helped me learn how to work with people my age.			
12. The kids in my Free Arts group are fun to be around.			
13. When I'm with the kids in my Free Arts group I feel good about my self.			

**14. How do you feel about your Free Arts Experience?**

Circle  the answer that best represents how you feel.

*I LOVED IT*

*GREAT*

*OKAY*

*BORING*

*I HATED IT*

**Please share anything else you would like us to know about your Free Arts group.**

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