

# Weekly Mentor Program

## Program Ending Evaluation

### CHILD (Ages 10+)



First Name: \_\_\_\_\_

How old are you? \_\_\_\_\_ years old

1. NUMBER of times have you participated in a Free Arts Program? (Professional Artist Series, Camp Series, Weekly Mentor Program or Free Arts Day – think about how many times you've seen someone with a blue *Art Heals* T-shirt!)

\_\_\_\_\_

**Please answer these questions about your time with Free Arts. Circle the box that shows how you feel.**

2. Feeling safe means being comfortable to be yourself. How safe do you feel in Free Arts programs?

Not safe at all	Not safe	Sort of safe	Safe	Very Safe
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3. In Free Arts programs we want you to be able to use your artwork to express your thoughts, ideas, dream and feelings. How comfortable did you expressing yourself during this program?

Not at all comfortable	Not comfortable	Sort of comfortable	Comfortable	Very comfortable
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4. How did you feel about what you created during this program?

Terrible	Not so good	OK	Proud	Very proud
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5. How did you feel about **yourself** during this program?

Terrible	Not so good	OK	Good	Great
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**Please circle how you feel about the following statements:**

6. Doing art makes me feel better.

Not at all true	Not true	Sort of true	True	Very true
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7. I will use art to help myself feel better in the future.

Not at all true	Not true	Sort of true	True	Very true
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8. I will use some of the skills that I learned during this program in the future.

Not at all true	Not true	Sort of true	True	Very true
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9. I trust the adults in this program.

Not at all true	Not true	Sort of true	True	Very true
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10. I feel comfortable with the adults in this program.

Not at all true	Not true	Sort of true	True	Very true
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11. During the Free Arts program I was able to get along with the other people in my group.

Not at all true	Not true	Sort of true	True	Very true
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<b>Free Arts Staff Only</b>	
Agency – Site/House:	Entered On:
Date:	Entered By:

12. This program helped me feel connected with a community.

Not at all true	Not true	Sort of true	True	Very true
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13. I would describe this program as:

Terrible	Negative	Ok	Cool	Awesome!
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**Please check as many as you want.**

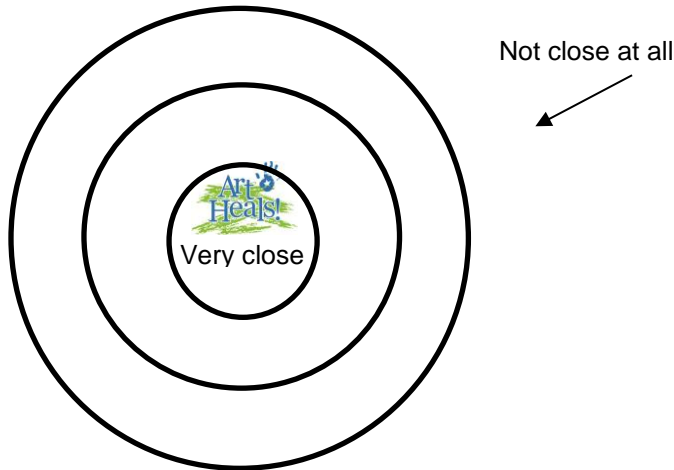
14. What did you learn/practice during this program?

- Coping Skills
- Leadership
- Decision Making
- Problem solving
- Flexibility
- Goal setting
- Planning
- Communication
- Creative Thinking
- Teamwork
- Listening
- \_\_\_\_\_

15. How many new friends (kids or adults) did you make during this program?

Number: \_\_\_\_\_ New Friends

16. Draw an X on the picture below to show how close you feel to Free Arts.



17. How did being a part of this program help you?

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18. What else would you like us to know about your experience in the Weekly Mentor Program?

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