

# 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 each thing is for you and how you feel DURING YOUR MENTOR GROUP. For each sentence check no, sometimes or yes.

During my Free Arts Mentor group ...	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			
9. I feel safe			
10. I feel relaxed			

**OVER** 

For each of the following statements, place a check mark  in the box to say no, sort of or yes for how true each statement is for you.

	No	Sort of	Yes
11. My mentors have helped me feel comfortable talking with new people.			
12. My mentors have helped me learn how to get along better with my friends and the people I live with.			
13. My mentors have helped me learn how to work with people my age.			
14. The kids in my Free Arts group are fun to be around.			
15. When I'm with the kids in my Free Arts group I feel good about my self.			
16. Doing art makes me feel better.			
17. I like being around my mentors.			
18. I did things during my mentor group that I thought I couldn't do.			
19. I feel proud of some of the things I created during my mentor group.			

**20. 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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