



# Evaluation

Pre Post

Please select the program used:

Rainbows **Level 3** **Level 4**  
 Spectrum  **Level One** **Level Two**

Use the rating system below to answer these questions about yourself.

	Not at All	Just A Little	Sometimes	Most of the Time	All of the Time
1. I can talk about my feelings.					
2. I know what to do to make angry feelings OK.					
3. I can talk to the people in my family.					
4. I understand my family changes.					
5. I pay attention well in school.					
6. I know how to solve my problems.					
7. I know there are people who care about me.					

Thank You for your help!

I am \_\_\_\_\_ years old. I have been in a Rainbows group \_\_\_\_\_ time(s).

I am \_\_\_\_\_ years old. I have been in a Spectrum group \_\_\_\_\_ time(s).

Please check your answer

I am:

Male Female Another Gender Expression

My family loss is:

Divorce Death Describe Other Loss: \_\_\_\_\_

Coordinator Instructions: Complete the **Pre** evaluation at the first meeting and the **Post** evaluation at the last meeting. Fill in the details regarding your program schedule and make copies as needed. Have the participants write their names on both forms (pre and post). Match the names and staple together before sending in to Rainbows.

Site Name: _____ Today's Date: _____	
City / Prov. / Postal Code: _____ Country: _____	
Coordinator Name: _____ Email: _____	
Our Rainbows Meetings ran from _____ to _____ <small>(mo/day/year) (mo/day/year)</small> Meetings were offered: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	Please list actual meeting dates here:

**Please return to:** Rainbows For All Children Canada  
 545-80 Bradford Street Barrie, ON L4N 6S7  
 Telephone: 1-877-403-2733  
 Fax: 705-726-5805