



Caregiver Evaluation

Please select the program used:
 SunBeams
 Rainbows
 Spectrum

Your input is important to us. We want to continue to offer the best possible support for your child. Please take a few minutes to complete this form and return it to us. Thank you for your assistance.

CAREGIVER NAME	ADDRESS	CITY / PROV.
POSTAL CODE / COUNTRY	E-MAIL ADDRESS	

1. How did you first hear about Rainbows? *(please check all that apply)*

- | | | |
|------------------|--------------------------------|--------------|
| Letter from site | Media - TV / Radio / Newspaper | Referral |
| Word of mouth | Internet / Rainbows website | Court System |
- Other: _____

2. Which of the following best describes your family experience? *(please check all that apply)*

- | | | | |
|-------------|-------------------|---------------|-------------------------------|
| Divorce | Blended family | Foster family | Grandparents as Caregivers |
| Separation | Death in family | Adoption | Deployment |
| Abandonment | Illness in family | Incarceration | Other relatives as Caregivers |
- Other: _____

3. Considering these areas of improvement, please check any of those that apply to your child.

- | | | |
|-----------------------------|--------------------------|---------------------|
| Socially | Self-esteem / Confidence | Cooperation |
| Communication in the family | Attitude | Behaviour |
| Academics | Anger management | Health / Well-being |
- Other: _____

4. Do you believe SunBeams/Rainbows/Spectrum has helped your child?

- | | |
|--|--|
| Yes, definitely | Somewhat, but my child still needs support |
| No, we still have many ongoing issues/challenges | No progress shown |
- Other, please explain: _____

Please add any additional comments:

Coordinator Instructions: Fill in the details regarding your program schedule and then make copies for the Caregivers to complete.

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: Weekly Bi-Weekly	<i>Please list actual meeting dates here:</i>

Please return to: Rainbows For All Children Canada
 239-80 Bradford Street Barrie, ON L4N 6S7
 Telephone: 1-877-403-2733
 Fax: 705-726-5805