Rainbows
GUIDING KIDS THROUGH LIFE'S STORMS ®

Coordinator Evaluation

Please select the program used:
- ☐ SunBeams
- ☐ Rainbows
- ☐ Spectrum

Please complete and return with your other evaluation forms at the end of your site's Rainbows cycle. Please feel free to jot your ideas down as you go. Your ideas and comments are very helpful and will aid in modeling the program to your needs.

1. Did you follow the suggested format for each meeting?
   ☐ Yes ☐ No
   If no, please explain:_____
   _____

2. Did your site offer Celebrate Me days?
   ☐ Yes ☐ No

3. What would you change or add to enhance the Celebrate Me Day experience? *(please check all that apply)*
   Length of day ☐ Longer ☐ Shorter ☐ Seems just right
   ☐ More activities ☐ More involvement from caregivers ☐ Less activities
   Please list any other changes you would recommend:_____
   _____

4. Did the Rainbows program address the needs of your participants? *(please check Yes or No as applicable)*

Yes	No		Yes	No	
☐	☐	Program availability	☐	☐	Individual losses were addressed
☐	☐	Beneficial Activities	☐	☐	Sufficient number of meetings

   Other comments:_____
   _____

5. Considering these areas of improvement, please check any of those that apply to the participants at your site.
   ☐ Ability to share feelings ☐ Problem solving ability ☐ Social interaction with others
   ☐ Behaviour ☐ Self-esteem / Confidence ☐ Compassion toward others
   ☐ Communication
   Any other noticeable improvements:_____
   _____

6. How would you rate the overall effectiveness of the SunBeams/Rainbows/Spectrum program with your participants? *(please check only one (1) answer)*
   ☐ Excellent, most effective ☐ Not particularly effective ☐ Unsure or unable to say
   ☐ No particular effectiveness observed ☐ Did not observe an effective difference

7. Do you believe you were well prepared to complete your responsibilities as Coordinator?
   ☐ Yes ☐ No

Please add any additional comments:_____
_____
_____
_____
_____

Site Name: _____ Today's Date: _____
City / Prov. / Postal Code: _____ Country: _____
Coordinator Name: _____ Email: _____

Our Rainbows Meetings ran from _____ (mo/day/year) to _____ (mo/day/year)
Meetings were offered:
☐ Weekly ☐ Bi-Weekly

Please list actual meeting dates here:

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

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