

Evaluation

Pre Post

Please select the program used:

Sunbeams

Rainbows Level 1 Level 2

Tell us about yourself by coloring in the balloons.



Coloring
1 balloon means
JUST A LITTLE.

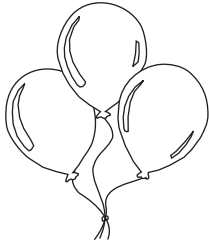


Coloring
2 balloons means
SOMETIMES.

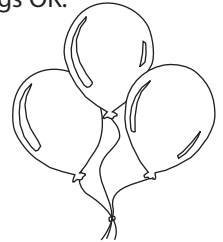


Coloring
3 balloons means
A WHOLE LOT.

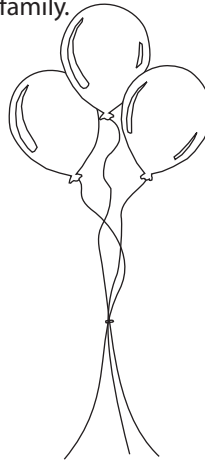
1. I can talk about my feelings.



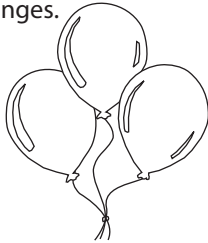
2. I know what to do to make angry feelings OK.



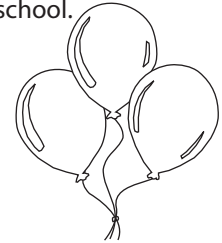
3. I can talk to the people in my family.



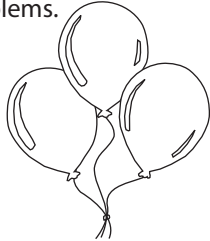
4. I understand my family changes.



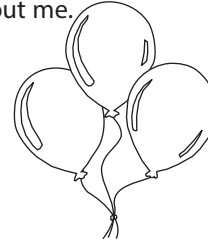
5. I pay attention well in school.



6. I know how to solve my problems.



7. I know there are people who care about me.



I am _____ years old.
I have been in a SunBeams or Rainbows group _____ time(s).
My gender is:
Male
Female
Another Gender Expression



Tell me why you like SunBeams or Rainbows—draw or write on the back!

In my family, there is a:

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: _____ | |
| <p>Our Rainbows Meetings ran from _____ to _____ <small>(mo/day/year) (mo/day/year)</small></p> <p>Meetings were offered: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly</p> | <p><i>Please list actual meeting dates here:</i></p> |

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