



CONFIDENTIALITY STATEMENT

Instructions (read aloud to students)

Today I would like to ask you to help us evaluate our student assistance program. We are asking students to complete a Program Evaluation Form before and after they participate in counseling or support groups. This survey asks you several questions about your feelings and the things you do. Your answers will help show us if our program is effective.

This Program Evaluation Form is voluntary and confidential. You are not required to complete it. When you are done, insert your answer sheet into this envelope so no one can see your answers.

When all the students have finished, I will send this envelope to an independent evaluator for processing. Reports will be created to summarize what students in this school and around the state say about the program.

Printed Name of Student Assistance Professional (please write legibly)

Signature of Student Assistance Professional

School (please write legibly)