

PROGRAM EVALUATION FORM

Student Assistance Programs

The questions below are part of an evaluation of the Washington State Student Assistance Program. This is not a test, so there are no right or wrong answers. You do not have to answer any of these questions, but we ask that you answer all the questions honestly and thoughtfully to help us improve this program.

Your answers will be kept strictly confidential. Your answers will be combined with the answers given by other students participating in your school district. Only summary data will be shared with school staff to improve this program.

Mark only one answer for each question. Please use a No. 2 pencil and make no stray marks on this sheet.

Mark how often you felt this way in the past 30 days:

	None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time
a. I think I am doing pretty well.	(A)	(B)	(C)	(D)	(E)	(F)
b. I am doing just as well as other kids my age.	(A)	(B)	(C)	(D)	(E)	(F)
c. When I have a problem, I can come up with lots of ways to solve it.	(A)	(B)	(C)	(D)	(E)	(F)
d. Even when others want to quit, I know I can find ways to solve the problem.	(A)	(B)	(C)	(D)	(E)	(F)
e. I have at least one close friend.	(A)	(B)	(C)	(D)	(E)	(F)
f. I have at least one adult at school I can confide in.	(A)	(B)	(C)	(D)	(E)	(F)
g. I know how to ask for help when I need it.	(A)	(B)	(C)	(D)	(E)	(F)
h. When I experience negative emotions, I have healthy strategies to calm myself down.	(A)	(B)	(C)	(D)	(E)	(F)
i. I am happy to be at this school.	(A)	(B)	(C)	(D)	(E)	(F)
j. I like what I am learning at school.	(A)	(B)	(C)	(D)	(E)	(F)
k. I try hard to do well at school.	(A)	(B)	(C)	(D)	(E)	(F)
l. I feel unhappy, sad, or depressed.	(A)	(B)	(C)	(D)	(E)	(F)
m. I can't stop or control my worrying.	(A)	(B)	(C)	(D)	(E)	(F)
n. I feel worthless or inferior.	(A)	(B)	(C)	(D)	(E)	(F)

How many times in the past 30 days have you:

	None	1 Time	2-3 Times	4-5 Times	6+ Times
a. Been in trouble at school?	(A)	(B)	(C)	(D)	(E)
b. Been suspended from school?	(A)	(B)	(C)	(D)	(E)
c. Skipped school?	(A)	(B)	(C)	(D)	(E)
d. Been arrested?	(A)	(B)	(C)	(D)	(E)
e. Been in a physical fight?	(A)	(B)	(C)	(D)	(E)
f. Hit or tried to hurt someone?	(A)	(B)	(C)	(D)	(E)



900 09 001



School _____

PERF

Code Number _____ - _____ Name: _____

900 09 001

Complete this stub to identify the student to whom you will administer this sheet. Mark the Purpose and Month Administered in the box on the back of form. Remove this perforated stub before administering to the student. Enter this Sheet # into the web database as the pretest or posttest for this student.

During the past 30 days, how many days have you:

	None	1-3 Days	4-12 Days	13 or More Days	Every Day
a. Had alcoholic beverages (including beer, wine, wine coolers, and liquor) to drink (more than a few sips)?	(A)	(B)	(C)	(D)	(E)
b. Had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)	(A)	(B)	(C)	(D)	(E)
c. Used marijuana (weed, pot, dabs, edibles)?	(A)	(B)	(C)	(D)	(E)
d. Used tobacco products (cigarettes or chew)?	(A)	(B)	(C)	(D)	(E)
e. Used an electronic cigarette, also called e-cigs, vape pens, or JUUL (to vape liquid with nicotine, with THC, or with just flavor only)?	(A)	(B)	(C)	(D)	(E)
f. Used prescription drugs not prescribed to you (hydrocodone, oxycodone, methadone)?	(A)	(B)	(C)	(D)	(E)
g. Used any other drug or substance (acid, mushrooms, MDMA, inhalants, cocaine, amphetamine, heroin, opium, spice)?	(A)	(B)	(C)	(D)	(E)

Complete the next questions ONLY if you have met with a Student Assistance Professional more than twice this school year.

Overall, how helpful has this program been to you?

- (A) Very helpful (B) Somewhat helpful (C) Not very helpful (D) Not at all helpful

Are you glad that you participated in the program?

- (A) YES! – Definitely true (B) yes – Mostly true (C) no – Mostly not true (D) NO! – Definitely not true

Are you more likely to attend school because of this program?

- (A) Yes (B) No (C) Does not apply to me; I attend school regularly

Thank you for sharing your feedback!

If you would like to talk to someone about anything that came up while filling this out, please notify the person who gave you this form or contact the following resources:

Crisis Text Line	Text HOME to 741741 or visit crisistextline.org
Teen Link Peer Counseling (available 6pm to 9:30pm)	Dial 866-833-6546 or visit teenlink.org
National Mental Health Crisis and Suicide Prevention Line	Dial 988 or visit suicidepreventionlifeline.org
Washington 2-1-1 (connection to local services)	Dial 211 or visit wa211.org

This box completed by staff.

Purpose: **Month administered:**

- | | | | | | | |
|--------------|---------|---------|---------|---------|---------|---------|
| (A) Pretest | (G) JUL | (H) AUG | (I) SEP | (J) OCT | (K) NOV | (L) DEC |
| (B) Posttest | (A) JAN | (B) FEB | (C) MAR | (D) APR | (E) MAY | (F) JUN |

