

JUMP for Kids
Parent Program Evaluation Form

Forms are to be sent directly back to:

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JUMP for Kids
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JUMP for Kids Match Program Evaluation - Parent/Guardian

Name of Mentor: _____ Date _____

Name of Mentee: _____

Name of Parent/Guardian _____

Start Date of Match _____

Please describe any changes you've observed in the areas below of the course of your child's match. It's okay to indicate "NA" if you have no knowledge about change in a given area

CONFIDENCE	Much Better		No Change		Much Worse	N/A
Self-confidence						
Ability to express feelings						
Ability to make decisions						
Has interests or hobbies						
Personal hygiene, appearance						
Sense of future						
Growth in thinking skills						
Growth in practical skills						
COMPETENCE						
Attitude toward school						
School preparation						
Able to avoid delinquency						
Able to avoid substance abuse						
Able to avoid early parenting						
Able to say NO to wrong decisions						
Use of school and community resources						
CARING						
Shows trust toward you						
Respects others						
Relationship with family						
Relationship with peers						
Relationship with other adults						

Number of times mentoring match occurred in one month _____

Length of average meeting _____

Number of meetings up to this date _____

Please help us to improve the JUMP for Kids program by taking the time to fill out this match/program evaluation. We encourage you to express yourself fully and invite you to write on the back of these sheets if necessary.

1. How satisfied have you been with your child's JUMP match experience? Is it at all different from what you expected? If so, how?

2. What did you like best about your child's JUMP mentoring experience?

3. What did you like least about your child's JUMP mentoring experience?

4. How effective do you feel JUMP has been in supporting the match? Have you ever initiated contact with JUMP staff yourself?

5. Did JUMP make a good choice in matching your child?
Why or why not?

6. Has your child participated in any JUMP group activities? (Spring BBQ, Christmas party, Fall Party) Did s/he enjoy them? Do you have any specific suggestions for improving them?

7. What do you feel your child has gained from the experience of being mentored?

8. Do you feel you received adequate information before starting the match and during the match? What, if any, additional information would be helpful?

9. What specific suggestions do you have for improving the program?

10. Is there anything else you want the JUMP staff to know about this program, your experience in it, or your child's mentor? If so, what?

Additional Comments:

Thank you!