

The Listen to Children Mentoring Program

Student Final Survey

On your **first or second** visit with your student, please complete this survey together.

Today's Date:	Date of First Visit:
Student's Name:	Mentor's Name:
School:	

1	I like myself	Always	Sometimes	Never
2	I have good behavior in the classroom	Always	Sometimes	Never
3	I get along with my classmates	Always	Sometimes	Never
4	I am told I have a good attitude	Always	Sometimes	Never
5	I feel safe at home & in my neighborhood	Always	Sometimes	Never
6	People listen to what I have to say	Always	Sometimes	Never
7	I like being at school	Always	Sometimes	Never
8	I want more friends	Always	Sometimes	Never
9	I find it easy to make new friends	Always	Sometimes	Never
10	I go to school everyday	Always	Sometimes	Never
11	I feel sad or unhappy	Always	Sometimes	Never
12	I worry about stuff at school	Always	Sometimes	Never
13	I get along well with others	Always	Sometimes	Never
14	I care about following the rules	Always	Sometimes	Never
15	I pick on other kids	Always	Sometimes	Never
16	I get angry or frustrated	Always	Sometimes	Never
17	I want to do better in my schoolwork	Always	Sometimes	Never
18	I worry about problems in my family	Always	Sometimes	Never
19	I get picked on	Always	Sometimes	Never

What would you like your mentor to help you with?

Please send the **completed** form to Penny Oranburg
 Email: POranburg@mhapbc.org Fax: (561) 660-8000 909 Fern Street West Palm Beach, FL 33401



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