

Listen to Children: Pre-Post Test

Child's First Name & Last Initial: _____ **Grade:** _____

School: _____ **Teacher Name & E-mail:** _____

DATE of Pre: _____ **DATE of Post:** _____

SCALE 0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

	PRE-SCORE	POST-SCORE
1. Child expresses positive feelings.		
2. Child shares negative feelings appropriately.		
3. Child asks for help when needed.		
4. Child relates positively with peers.		
5. Child helps others in the classroom.		
6. Child makes good decisions.		
7. Child follows directions.		
8. Child demonstrates self-confidence.		
9. Child has positive attitude about school and learning.		
10. Child shows effort in completing work.		

REASONS for PARTICIPATION (✓ all that apply)	FINAL ASSESSMENT (✓ all areas of improvement)
<input type="checkbox"/> Needs help making better choices.	<input type="checkbox"/> Child makes better decisions.
<input type="checkbox"/> Needs help adapting to a life change.	<input type="checkbox"/> Child seems to have adapted to the situation.
<input type="checkbox"/> Would benefit from social and emotional support.	<input type="checkbox"/> Child benefited from one-on-one support.
<input type="checkbox"/> Parent Request	<input type="checkbox"/> Child seems happier.
<input type="checkbox"/> Other (Please explain in pre-comment).	<input type="checkbox"/> Child improved per his/her unique situation.

Pre-Comment: _____

Post-Comment: _____

