

Parents / Carers Evaluation Form - START

Name:



Project Child Involved in:

What Skills do you think they can gain from their involvement with Investing in Children?

What Support would you like your child to receive (if any) whilst working with Investing in Children?

What skills would you like your child to gain from their involvement with Investing in Children?

How do you think Investing in Children can improve your child's life?

Thinking about your child - Rate the following:

1

2

3

4

5

Never

Sometimes

More often than not

Most of the time

All of the time

Feeling Confident: <u>e.g. Do you believe in your own abilities to get the job done / win the game</u>		Able to make decisions	
Dealing with people in power and authority: <u>Head teacher / Police / Nurses</u>		Cope with stress and tension: <u>e.g. Dealing with problems</u>	
Negotiating with others: <u>e.g. agree on, reach an agreement</u>		Research and gather evidence:	
Feeling Valued/Important: <u>e.g. appreciated / respected</u>		Settle Disagreements: <u>e.g. difference of opinions</u>	
Being an active Citizen:		Plan your time and energy:	

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Any other comments:

Parent's / Carer's Signature:

Date: