

Young Person Evaluation Form - Start



Name:

Age:

Gender Identity:

Are you: (Circle): At School At College At University Working Unemployed
Other

Do you consider yourself to have a disability: Yes [] No []

Project Involved in:

Thinking about yourself - 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:	

What do you hope to achieve by attending meetings & working with Investing in Children?

What would you like to gain whilst working with Investing in Children?

How do you think Investing in Children can help you achieve your goals when attending meetings?

Other Comments:

Signature:

Date: