



EVALUATION OF THE MATCH

VOLUNTEER REPORT ON THE MATCH

Little Brother/Little Sister's Name: _____

Big Brother/Big Sister's Name: _____

Area: _____

Match Date: ____/____/____ Today's Date: ____/____/____

INSTRUCTIONS:

This form is used to report changes you have observed in the young person you are mentoring.

The following definitions are offered to clarify the items on the reverse side of this form. Note that these items are somewhat general. You're encouraged to report on your own specific observations within the general meaning of these definitions. Any questions should be referred to your case manager. If you feel you do not have enough information based on your interactions with the young person you're mentoring, mark Don't Know as necessary.

GOAL AREA #1: CONFIDENCE

- 1) Self confidence - *A sense of being able to do or accomplish something.*
- 2) Able to express feelings - *Is able to reveal, talk about, or discuss feelings.*
- 3) Can make decisions - *Thinks before acting and is aware of consequences of behavior.*
- 4) Has interests or hobbies - *Pursues activities such as reading, sports, music, computers, etc.*
- 5) Personal hygiene, appearance - *Dresses appropriately and keeps self neat and clean.*
- 6) Sense of the future - *Knows about educational and career opportunities.*

GOAL AREA #2: COMPETENCE

- 7) Uses community resources - *Partakes in service activities, libraries, recreation, church/other faith-based activities.*
- 8) Uses school resources - *Uses the library, guidance counselors, tutorial centers.*
- 9) Academic performance - *Makes good grades or improves grades.*
- 10) Attitude toward school - *Is positive about going to school and about what can be learned.*
- 11) School preparedness - *Completes homework and other assignments.*
- 12) Classroom participation - *Actively takes part in learning; responds to questions.*
- 13) Classroom behavior - *Pays attention in class; isn't disruptive.*
- 14) Able to avoid delinquency - *Refrains from behaviors that are illegal for person of his or her age.*
- 15) Able to avoid substance abuse - *Doesn't use illegal or harmful substances (e.g., a) tobacco, b) drugs, c) alcohol).*
- 16) Able to avoid early parenting - *Doesn't engage in sexual behavior likely to result in early parenting.*

GOAL AREA #3: CARING

- 17) Shows trust toward you - *Isn't reluctant to confide in you, to accept your suggestions.*
- 18) Respects other cultures - *Doesn't stereotype or put down other ethnic, racial, language, or national groups.*
- 19) Relationship with family - *Interacts well with other family members.*
- 20) Relationship with peers - *Interacts well with persons of own age.*
- 21) Relationship with other adults - *Has good interactions with other adults who are not family members.*

Continued On Other Side

Big Brothers Big Sisters Southeastern Pennsylvania EVALUATION OF THE MATCH BY VOLUNTEER

For Agency Use

Date Completed: _____ Length of match when administered: _____

Age: _____ Male: Female:

Community – Based School-Based Other Site-Based Faith-Based

White Black Hispanic Asian Native American Other

We would like you to describe any changes you've observed in the below areas *over the past _____ months?* It's okay to indicate "don't know" if you have no knowledge about change in a given area.

	Much Better	A Little Better	No Change	A Little Worse	Much Worse	Don't Know	Not A Problem
CONFIDENCE							
1) Self-confidence							
2) Able to express feelings							
3) Can make decisions							
4) Has interests or hobbies							
5) Personal hygiene, appearance							
6) Sense of the future							
COMPETENCE							
7) Uses community resources							
8) Uses school resources							
9) Academic performance							
10) Attitude toward school							
11) School preparedness (homework)							
12) Class participation							
13) Classroom behavior							
14) Able to avoid delinquency							
15 a) Able to avoid substance abuse-Tobacco use							
15 b) Able to avoid substance abuse-Drug Use							
15 c) Able to avoid substance abuse-Alcohol Use							
16) Able to avoid early parenting							
CARING							
17) Shows trust toward you							
18) Respects other cultures							
19) Relationship with family							
20) Relationship with peers							
21) Relationship with other adults							

1) How often do you meet with your Little? ___Once a week ___Twice a month ___Once a month

2) What type of Activities do you participate in with your Little: _____