

Dear Big:

Thank you for your dedication and commitment to your Little since the beginning of your match! We truly appreciate the time and effort that you have spent with your Little in making this match a long-lasting friendship.

Enclosed with this letter is an Annual Program Outcome Evaluation Form. This evaluation is typically completed on or around the date of your 1st year match anniversary, and then completed annually after that. In order to have your file up to date and complete, please fill out the enclosed evaluation form and return it in the enclosed envelope (postage required).

During this process, we also send similar evaluation forms to the Little and their parent or guardian. We use these evaluation forms to track the annual progress of the match and to make any changes or adjustments in the match if needed.

Please don't hesitate to contact us should you have any questions or concerns about this at 434.528.040. Thank you for taking the time to complete the Program Outcome Evaluation!

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 Match Support Specialist. 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., drugs, alcohol, tobacco).*
- 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.*

Please complete the Program Outcome Evaluation on the other side of this page.

MENTOR REPORT ON THE MATCH

For Agency Use

Match ID: _____ Big Name: _____ Little Name: _____ MSS: _____
 Date Completed: _____ Length of match when administered: _____ (Specify in months/years) Age: _____
Program: Community-Based Site-Based **Gender:** Male Female
Ethnicity: 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 12 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) Able to avoid substance abuse							
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							

Comments: _____

Thank You!