RHYTHM2RESILIENCE

# FEEDBACK FROM 3RD PARTIES

***Please assist us in evaluating this program by filling out the table below***

On a scale of 1 – 10, with one representing detrimental change, 5 – no change and 10 the most positive change


Please comment on your perceptions of the following participant's behaviour over the past 8 – 10 weeks

| PARTICIPANT NAME or D.O.B. | RELATIONSHIP WITH PEERS | RELATIONSHIPS WITH OTHER ADULTS/STAFF | EMOTIONAL CONTROL | GROUP PARTICIPATION/ COLLABORATION | SELF-CONFIDENCE | LEVELS OF FOCUS & ATTENTION | GENERAL MOOD |
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*Responses to these questions will be de-identified after collection, and will be used for evaluation purposes only. The evaluation will not identify any information provided by an individual.*