



Evaluation Report

Author _____ Date _____

This Report details outcomes from the delivery of Rhythm2Recovery interventions for the following

Organisation _____

Between the dates of _____ *and* _____

Primary Facilitator _____ *Co-Facilitator* _____

Number of sessions completed: Individual _____ *Group* _____ *Classroom* _____

Outcome measures utilised: Please list any qualitative or quantitative scales utilised to measure outcomes

1. _____

2. _____

3. _____

4. _____

Age range of participants _____

Gender of Participants: Male *Female* *Non Specific* *Mixed*

Presenting Issues: Please tick any presenting issues for the individuals or groups you were working with.

<i>Behavioural Issues</i> <input type="checkbox"/>	<i>Trauma</i> <input type="checkbox"/>	<i>Criminal Offending</i> <input type="checkbox"/>	<i>Drug Use</i> <input type="checkbox"/>
<i>Depression</i> <input type="checkbox"/>	<i>Anxiety</i> <input type="checkbox"/>	<i>Bullying (Victim)</i> <input type="checkbox"/>	<i>Absenteeism</i> <input type="checkbox"/>
<i>Autism</i> <input type="checkbox"/>	<i>FADSD</i> <input type="checkbox"/>	<i>ADHD</i> <input type="checkbox"/>	<i>Radicalisation</i> <input type="checkbox"/>

Other (please specify) _____

Any further details _____

Feedback from Stakeholders

Facilitator

Participant/s

Parent

Teacher
