

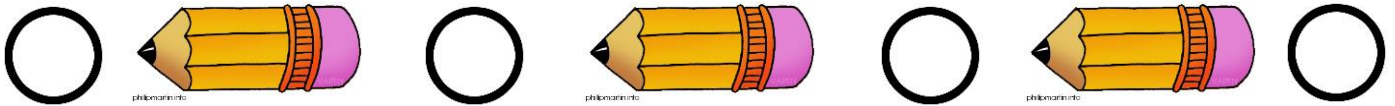
Group Facilitator:

- Explain the survey. Demonstrate & rehearse Thumbs-Up =YES; Thumbs-Down =NO. It is okay not to know. If unsure, mark the "?".
- Read each question and all three answer options, twice. Demonstrate thumbs-up & thumbs-down each time.

CBSG Evaluation - Grade 2

Kids' Connection; Kids' Connection, Too; and Faith Connection

GROUP LOCATION: _____		Facilitator Initials: ____	
PRIOR TO ADMINISTRATION, COMPLETE ONE SURVEY WITH EACH STUDENT'S INFORMATION			
Date: ____/____/____ <input type="checkbox"/> Pre <input type="checkbox"/> Post		If Time Series: <input type="checkbox"/> 2 nd Post <input type="checkbox"/> 3 rd Post <input type="checkbox"/> 4 th Post	
FIRST 2 letters of FIRST NAME: ____		Grade: K 1 2 3	
LAST 2 letters of LAST NAME: ____		Gender: Male Female	
If initials are like another's, add "X". ____		Age: 4 5 6 7 8 9 10 11 12	
Race/Ethnicity: <input type="checkbox"/> Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> White or Anglo <input type="checkbox"/> Other _____			



1. I know how to make healthy choices.			?
2. Asking for help is smart.			?
3. I have decided I will graduate from school.			?
4. I can say no to drugs.			?
5. I have people who care about me.			?
6. I know how to be a good friend.			?
7. I can get angry and still be nice.			?

Thank you!

