

CIRCLE OF GRACE SUMMARY EVALUATION FORM

Date _____ School/ Parish _____ City: _____

Circle one.

School Administrator Director of Religious Education Director Youth Ministry Other

Name: _____ Phone: _____

DATA: Please enter the number of children/youth who completed the program for each grade. This information is required for the national audit.

K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Number of children/young people who did not participate in program per parents' requests: _____
 (Attach a copy of the written documentation of the parents' requests.)

Each grade's curriculum was designed to meet the overall program objectives.
 Please review your leader's evaluations. Based on this review has the program adequately met these overall objectives? Yes _____ No _____

1. Children/Young People will understand they are created by God and live in the love of the Father, Son, and Holy Spirit.
2. Children/Young People will be able to describe the *Circle of Grace* that God gives each of us.
3. Children/ Young People will be able to identify and maintain appropriate boundaries.
4. Children/ Young People can identify types of boundary violations.
5. Children/Young People will demonstrate how to take action if a boundary is threatened or violated.

Grade 3 (tally of leader's evaluation)

Number of children who got 70% or better on their pre-assessment _____
 Number of children who got below 70% on their pre-assessment _____

Number of children who got 70% or better on the post-assessment _____
 Number of children who got below 70% on the post-assessment _____

Grade 6 (tally of leader's evaluation)

Number of Young people who got 70% or better on their pre-assessment _____
 Number of Young people who got below 70% on their pre-assessment _____

Number of Young people who got 70% or better on the post-assessment _____
 Number of Young people who got below 70% on the post-assessment _____

Grade 9 (tally of leader's evaluation)

Number of Young people who got 70% or better on their pre-assessment _____
 Number of Young people who got below 70% on their pre-assessment _____

Number of Young people who got 70% or better on the post-assessment _____
 Number of Young people who got below 70% on the post-assessment _____

Your feedback is very important in making *Circle of Grace* the best program possible for our children and young people. You may summarize your leader comments here or send the original evaluations.

Please list what worked well and any resources you would like to share.

Please list any suggestions that would improve the program.

Signature: _____ Date: _____