



## **Assessment Form Instructions**

The following documents are the Civic Leadership Foundation Assessment Forms with instructions on when each form should be returned. All assessment documentation should be emailed to Rachel Hillmer at [rhillmer@civicleadershipfoundation.org](mailto:rhillmer@civicleadershipfoundation.org). If you have questions about the assessments, please contact Rachel Hillmer, Outreach Coordinator or Dave Elias, Director of Curriculum at 773-796-3640.

- 1) **Participant Self-Assessment Form**, which should be administered at the beginning of the program and again at the end of the program.
  
- 2) **Participant Project Assessment Form**, which should be filled out and returned at the end of the program.
  
- 3) **Teacher/Mentor Project Assessment Form**, which should be filled out and returned at the end of the program.
  
- 4) **Teacher/Mentor Feedback Form**, which should be filled out and returned at the end of the program.



**CLE Participant Self-Assessment**

**Teacher/Mentor Name:** \_\_\_\_\_

How true are the following statements about you?

1 = Not at all true
2 = A little true
3 = Somewhat true
4 = Mostly true
5 = Completely true

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I can keep working on something for a long time                   | 1 | 2 | 3 | 4 | 5 |
| 2. I can set goals, plan, and find help                              | 1 | 2 | 3 | 4 | 5 |
| 3. I can see how small steps can help me reach my larger goals       | 1 | 2 | 3 | 4 | 5 |
| 4. I can learn from obstacles and mistakes                           | 1 | 2 | 3 | 4 | 5 |
| 5. I can keep working even when I am frustrated and bored            | 1 | 2 | 3 | 4 | 5 |
| 6. I can do my share of the work when I work with others             | 1 | 2 | 3 | 4 | 5 |
| 7. I can get my work done on time                                    | 1 | 2 | 3 | 4 | 5 |
| 8. The people I work with can count on getting my best effort        | 1 | 2 | 3 | 4 | 5 |
| 9. I respect others' contributions                                   | 1 | 2 | 3 | 4 | 5 |
| 10. I can deal with people honestly, decently, and politely          | 1 | 2 | 3 | 4 | 5 |
| 11. I can avoid fights and control myself when I get angry.          | 1 | 2 | 3 | 4 | 5 |
| 12. I can use criticism to improve my performance                    | 1 | 2 | 3 | 4 | 5 |
| 13. I see that to be successful in life I will need help from others | 1 | 2 | 3 | 4 | 5 |
| 14. I can communicate effectively with other people                  | 1 | 2 | 3 | 4 | 5 |
| 15. I can find resources to help me overcome challenges              | 1 | 2 | 3 | 4 | 5 |
| 16. I am aware of problems in my community                           | 1 | 2 | 3 | 4 | 5 |
| 17. I can understand why many people struggle and suffer             | 1 | 2 | 3 | 4 | 5 |



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- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 18. I can work to help others improve their lives | 1 | 2 | 3 | 4 | 5 |
| 19. I can be open to new and creative ideas       | 1 | 2 | 3 | 4 | 5 |

What are your plans for the future? Check all that apply.

I have a job.

I will be looking for a job.

I will be attending my current school.

I will be able to choose a high school that is the right fit for me.

I will be applying to or attending college.

I will be applying to or attending a vocational or trade school.

I will be doing some form of community service work.

I will be reporting on time for school or work every school day or workday.

I know an adult I trust to share my problems.

I will learn skills and attitudes that will help me succeed.

I would recommend this program to a friend.

Please use the space below to add any other comments you'd like to make. We value your feedback, so feel free to say whatever you want about your experience in this program.





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4. Please describe your work, both alone and with others, on the project.

5. Please describe your feelings about the project.







5. What would you like to have included in a future print or online Program Guide?

6. What, if anything, will you do differently the next time you use this guide?

7. Any other comments you'd like to make?

(Optional)

Teacher/Mentor Name: \_\_\_\_\_

Grades/Ages of participants: \_\_\_\_\_

OR

Short description of the population you work with: \_\_\_\_\_

School Name and District: \_\_\_\_\_

OR

Agency or organization: \_\_\_\_\_