

## Assessing Educational Student Support Groups

In addition to the internal value of assessing the SAP's effectiveness, it is important that the SAP leadership report to the community stakeholders as well as the school district leadership. Indeed, raising awareness of the problems as well as the successes encountered by the SAP teams is important.

Following are sample participant and facilitator evaluation forms that can facilitate this process.

### Student Support Group Evaluation

Student Number\_\_\_\_\_

Sex: F M (circle)

Referred to group by:

- Self
- Friend
- Parent
- Teacher
- Counselor
- Admin.

Group: (check one)

- Insight
- Concerned Persons
- Sharing
- Aftercare

Number Sessions Attended: \_\_\_\_\_

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED FOR PROGRAM EVALUATION. Please answer the questions as they relate to your experience of being in a student support group. (Circle your response.)

1. What effect has the student group had upon your school attendance?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know

2. What effect has the student support group had upon your overall schoolwork?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
3. What effect has the student support group had upon your general attitude toward school?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
4. What effect has the student support group had upon your ability to communicate and express your feelings in a positive way?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
5. What effect has the student support group had upon your feelings of self worth and self-confidence?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
6. What effect has the student support group had upon your physical health?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
7. What effect has the student support group had upon your relationship with your family?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
8. What effect has the student support group had upon your being able to help family members who may need help?

- a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
9. What effect has the student support group had upon your relationships with other students?
- a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
10. What effect has the student support group had upon your being able to make or explore supportive friendships?
- a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
11. What effect has the student support group had upon your being able to help friends who may need help?
- a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
12. Would you recommend the student support group to your friends?
- a. Yes
  - b. No
  - c. Don't know
13. Have you asked a friend to come to the student support group?
- a. Yes
  - b. No
14. Have you referred a friend's name for the student support group?
- a. Yes
  - b. No

15. What effect has the student support group had upon your use of alcohol and other drugs?
  - a. Don't use
  - b. Have decreased my use
  - c. Have stopped using
  - d. No effect
  - e. Haven't changed my use but am more aware of the problems
  
16. What effect has the student support group had upon your ability to find new, positive ways to deal with your problems?
  - a. A positive effect
  - b. No effect
  - c. Haven't been in group long enough to know
  
17. How do you feel about the length of each student support group session?
  - a. Just right
  - b. Too short
  - c. Too long
  
18. How do you feel about the number of times the student support group meets per week?
  - a. Just right
  - b. Needs to meet more than once a week
  - c. Should meet less than once a week
  
19. Do you feel more comfortable now in the student support group than you did at first?
  - a. Felt comfortable from the beginning
  - b. Yes
  - c. No – am still uncomfortable
  
20. Rate your present comfort level in the student support group.  
low 1 2 3 4 5 high

To be completed by each facilitator or observer to assess the group's development.

## Educational Student Support Group Process Evaluation

	Could improve	Do okay	Do well
Trust level			
Atmosphere safe, caring, and comfortable			
Listening			
Members give feedback			
Members share feelings			
Power			
Conflict addressed and/or resolved			
All members participate			
Time management			
Amount of structure			
Members take initiative: jump in and integrate			
Clear rules			
Norms: always go around, etc.			
Level of intimacy			

What roles did you observe in group?

What defenses did you observe in group?

Did any issues arise that you would like to discuss further?

Do you have any questions or concerns?