



INCLUSION PARTICIPANT EVALUATION

Program Name: _____ Participant's Name: _____ Year: _____

Thank you for agreeing to serve as an inclusion support staff member! We hope that the experience will be a positive one for both you and the participant you are assisting. Having up-to-date data is extremely important for all: we ask that you take a few moments to complete information for the participant you are assisting. We ask that you complete Section One BOTH at the beginning and at the end of the program. Please observe for a few days and then complete the Pre-Program portion: at the conclusion of the program we ask that you complete both the Post-Program portion AND Section Two, which is on the back side. Your input is an invaluable resource for the future success of the inclusion process.

SECTION ONE: PRE- AND POST- PROGRAM PERFORMANCE

Please use the following rating scale: 1- Poor, 2-Below Average, 3-Average, 4- Good, 5-Excellent

Category	Skill	Date: Pre-Program	Date: Post-Program
Social/Behavioral	Examples: Interacts appropriately with peers, exhibits positive self-esteem, resolves conflicts independently	1 2 3 4 5	1 2 3 4 5
Comments:			
Physical	Examples: Exhibits good gross and fine motor skills, is generally physically fit, exhibits sport-specific skills (i.e. dribbling, passing)	1 2 3 4 5	1 2 3 4 5
Comments:			
Cognitive	Examples: Can appropriately express needs and wants during program, understands general concepts and intent of the program, understands and follows directions, shows creativity	1 2 3 4 5	1 2 3 4 5
Comments:			
Self-Help/Independence	Examples: Shows/takes initiative (asks questions), can accomplish necessary skills without assistance, can attend to personal grooming/hygiene without assistance	1 2 3 4 5	1 2 3 4 5
Comments:			

SECTION TWO: GENERAL INFORMATION

Information: Did you receive enough information from the parent? From WDSRA? Is there information that needs to be changed or updated?

Skill Development: Please share information regarding progress the participant made as a result of participating in the program.

Behaviors: Did the participant exhibit negative behaviors? If so, when did they occur? Please share any strategies you found to be effective in dealing with those behaviors.

Transitions: How well did the participant tolerate transition? Changes in routine/schedule (such as field trip, new staff members, etc.) Please share any strategies you found to be effective in making transitions/new situations more successful.

Miscellaneous: Please share any other information you feel would be beneficial to note.
