



Self-Assessment (Exit)

Purpose:

The form is used to assess the participant's progress in meeting their needs based on individual and program goals.

Who completes form?

The form is to be completed by the participants with the support of the Parent Partner upon exiting the program.

When is the form to be completed?

- The form should be completed within two weeks before a participant's expected leave date in the Parent Partner Program, or as near to their exit date as possible.
- Upon completion of this form it must be entered into the database within 30 days.

What to do with the form?

The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

How is the information used?

The information on this form will be used to determine the changes the participant has experienced through the Parent Partner Mentoring Process. This form is a mirror copy of the form they complete at entry to the program and can be used to encourage the participant to identify the positive changes they have made for themselves and their families.

Where is this information kept after the participant is no longer involved?

This information remains in a secured locked location for ten years following a participant's exiting the program, and then this form is destroyed.

Parent Partner Program Self-Assessment (Exit)

This form is to be **completed by the Parent Partner with the participant** upon exit from the Parent Partner Program. There are two ratings to be completed.

- First, ask the participant to “think back to when they first began the Parent Partner Program” and assess their level when they first started. Mark the number that corresponds to the participant’s RETROSPECTIVE self-assessment for each scale item in the left column.
- Then ask the participant to assess their current level. Mark the number that corresponds to the participant’s EXIT self-assessment for each scale item in the right column.

	Participant being mentored:	FACS ID#:
	Parent Partner:	Date:

Using the scale below, mark the number in the correct column to indicate the participant’s assessment on each item.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)	
Retro- spective Assess- ment						Exit Assess- ment
	1. I am able to find the community resources I need to keep my child(ren) safe.					
	2. I am able to complete the steps necessary to get the community resources I need.					
	3. I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.					
	4. I am able to make the appropriate decisions for myself and my family.					
	5. I have others who will listen when I need to talk about my problems.					
	6. I have others who will support positive choices and changes I make.					
	7. I talk reasonably and honestly with others about my situation and problems.					
	8. If there is a crisis in my life, I have someone I can talk to.					
	9. I am able to effectively speak up for myself and my family to HHS and other service providers.					
	10. I am able to listen to HHS and other service providers and understand their concerns with my situation.					
	11. I feel comfortable when talking with my HHS worker or other service providers.					

Using the scale below, please mark the box that best describes your **current** relationship with your HHS worker.

<input type="checkbox"/> Very negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral	<input type="checkbox"/> Positive	<input type="checkbox"/> Very positive
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Please use the space below to provide any additional comments regarding any of the statements above.