

## Risk factor: Assessment

### 1 General report on the student support path

The Report must be filled in by the teacher-mentor at each meeting with the student / parent. It must be constantly updated.

| General report on the student support path  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Student name and surname: _____   |  |  |  |  |  |  |  |
| School class attended: _____  |  |  |  |  |  |  |  |
| Teacher-mentor name and surname: _____  |  |  |  |  |  |  |  |
| Meeting   |  |  |  |  |  |  |  |
| Meeting Date (dd / m / y)   |  |  |  |  |  |  |  |
| Time of meeting (minutes)   |  |  |  |  |  |  |  |
| Meeting place   |  |  |  |  |  |  |  |
| Who was the meeting with? ( <i>tick the corresponding boxes for your answer(s)</i> )        |  |  |  |  |  |  |  |
| 1) Student  |  |  |  |  |  |  |  |
| 2) Parents  |  |  |  |  |  |  |  |
| 3) Whole class  |  |  |  |  |  |  |  |
| 4) Other teachers   |  |  |  |  |  |  |  |
| 5) Other school staff   |  |  |  |  |  |  |  |
| 6) Other, please specify _____  |  |  |  |  |  |  |  |
| What is the goal of the meeting? ( <i>tick the corresponding boxes for your answer(s)</i> ) |  |  |  |  |  |  |  |
| Presenting the support pathway to the student   |  |  |  |  |  |  |  |
| Presenting the support pathway to the parents   |  |  |  |  |  |  |  |
| Presenting the support pathway to ( <i>specify</i> ) _____                                  |  |  |  |  |  |  |  |
| Reducing absenteeism  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Reducing delays/early dismissal  |  |  |  |  |  |  |
| Improving school results/marks   |  |  |  |  |  |  |
| Avoiding disciplinary actions/notes  |  |  |  |  |  |  |
| Increasing Motivation for Learning   |  |  |  |  |  |  |
| Raising Satisfaction in relation to the school and school results  |  |  |  |  |  |  |
| Improving participation in extracurricular activities  |  |  |  |  |  |  |
| Encouraging social interactions with classmates  |  |  |  |  |  |  |
| Reinforcing cooperative behavior   |  |  |  |  |  |  |
| Understanding student's own emotions   |  |  |  |  |  |  |
| Understanding emotions of others   |  |  |  |  |  |  |
| Reinforcing the ability to cope with school tasks  |  |  |  |  |  |  |
| Increasing self-confidence   |  |  |  |  |  |  |
| Reducing vulnerability/sensitivity to criticism  |  |  |  |  |  |  |
| Increasing the ability to assert own opinions and to make decisions  |  |  |  |  |  |  |
| Undertaking the expected tasks   |  |  |  |  |  |  |
| Increasing awareness of importance of school education for the effective personal and professional development |  |  |  |  |  |  |
| Tackling health/family problem   |  |  |  |  |  |  |
| Reduce aggressive behaviors  |  |  |  |  |  |  |

## 2 Student Evaluation of the Intervention programme

|  |  |
|--|--|
| <b>INTERVENTION PROGRAMME EVALUATION</b> |  |
| <b>STUDENT QUESTIONNAIRE</b>             |  |
| <b>Student NAME</b> _____                |  |
| <b>Class attended</b> _____              |  |
| <b>Date</b> _____                        |  |

**1. Did you enjoy being part of the programme?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**2. Did the programme help for your general wellbeing?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**3. Did the programme help you to feel better at school?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**4. Did the programme help you to feel more appreciated in your school?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**5. Did the programme help you to feel more understood by your school?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**6. Did the program help you to do better in school?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**7. Did the program help you with the following difficulties....?**

**PERSONAL DIFFICULTIES**

|                            |        |        |      |         |
|----------------------------|--------|--------|------|---------|
| NOT AT ALL                 | LITTLE | ENOUGH | VERY | GREATLY |
| 1                          | 2      | 3      | 4    | 5       |
| <b>SCHOOL DIFFICULTIES</b> |        |        |      |         |
| NOT AT ALL                 | LITTLE | ENOUGH | VERY | GREATLY |
| 1                          | 2      | 3      | 4    | 5       |
| <b>FAMILY DIFFICULTIES</b> |        |        |      |         |
| NOT AT ALL                 | LITTLE | ENOUGH | VERY | GREATLY |
| 1                          | 2      | 3      | 4    | 5       |

**8. Did you enjoy meetings with your teacher-mentor?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**9. Do you feel that you have developed a positive relationship with your teacher-mentor?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**10. Did you use your teacher-mentor indications/tips after your meetings?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**11. How satisfied are you with the support you received?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**12. Was your family involved in the program?**

|     |  |
|-----|--|
| YES |  |
| NO  |  |

**13. How important was the involvement of your family for you?**

|            |        |        |      |         |
|------------|--------|--------|------|---------|
| NOT AT ALL | LITTLE | ENOUGH | VERY | GREATLY |
| 1          | 2      | 3      | 4    | 5       |

**14. Do you think it was a good idea for your school to implement this program for students?**

|              |  |
|--------------|--|
| YES          |  |
| NO           |  |
| I DON'T KNOW |  |

**15. Do you think it is a good idea for your school to implement this program next year too?**

|              |  |
|--------------|--|
| YES          |  |
| NO           |  |
| I DON'T KNOW |  |

**16. If you were offered the opportunity to participate in this program again next year, would you be interested?**

|              |  |
|--------------|--|
| YES          |  |
| NO           |  |
| I DON'T KNOW |  |

**17. How much did you like (or not) the following aspects of the program?**

|  |                   |                   |                   |                      |            |
|--|-------------------|-------------------|-------------------|----------------------|------------|
|  | I did not like it | I liked it little | I liked it enough | I liked it very much | I loved it |
|--|-------------------|-------------------|-------------------|----------------------|------------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| school's attention to students             |  |  |  |  |  |
| relationship with my teacher-mentor        |  |  |  |  |  |
| results achieved                           |  |  |  |  |  |
| participation of my family                 |  |  |  |  |  |
| support received                           |  |  |  |  |  |
| Other<br>(specify) _____<br>_____<br>_____ |  |  |  |  |  |

**18. Please, give us some suggestions to improve the programme. Your ideas are very important to us!**

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**Thank you for your participation!**

### 3 Student self-assessment

|  |                                      |
|--|--------------------------------------|
| <b>Student Self-assessment questionnaire</b>                       |                                      |
| Student NAME _____   |                                      |
| Class attended _____   |                                      |
| Date _____   |                                      |
| 1. How well did I perform in the support programme with regard to: |                                      |
|  | <div>Poor</div> <div>Excellent</div> |

|   | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Motivation                                |   |   |   |   |   |
| Active participation                      |   |   |   |   |   |
| Commitment                                |   |   |   |   |   |
| Fulfillment of commitments                |   |   |   |   |   |
| Meeting deadlines                         |   |   |   |   |   |
| Compliance with the rules                 |   |   |   |   |   |
| Attitude during meetings with your mentor |   |   |   |   |   |
| Respect for roles                         |   |   |   |   |   |
| Application of Mentor suggestions         |   |   |   |   |   |

**2. Please indicate among the following aspects, if and at what level did you have difficulties:**

|   | no<br>diffi<br>cult<br>y | few<br>difficu<br>lties | some<br>difficul<br>ties | many<br>difficul<br>ties | very<br>many<br>difficultie<br>s |
|---|--------------------------|-------------------------|--------------------------|--------------------------|----------------------------------|
| To acceptance in participating to the program                               |                          |                         |                          |                          |                                  |
| To trust teacher-mentor   |                          |                         |                          |                          |                                  |
| To get trust by mentor  |                          |                         |                          |                          |                                  |
| To establish a privileged and openness relationship with the teacher-mentor |                          |                         |                          |                          |                                  |
| To be motivated   |                          |                         |                          |                          |                                  |
| To participate actively and proactively                                     |                          |                         |                          |                          |                                  |
| To compliance with meeting dates  |                          |                         |                          |                          |                                  |
| To keep my motivation high and constant                                     |                          |                         |                          |                          |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| To keep my concentration on what me and the teacher-mentor were doing |  |  |  |  |  |
| To deliver the tasks / commitments agreed at the previous meeting     |  |  |  |  |  |
|   |  |  |  |  |  |

**3. Please read and answer the following questions starting from question number 1 up to question number 3**

|   |  |             |          |                  |          |          |          |
|---|--|-------------|----------|------------------|----------|----------|----------|
| <b>3) How well?</b>   |  |             |          |                  |          |          |          |
| Please, tick only with regard to the objectives you have reported as "achieved"                               |  |             |          |                  |          |          |          |
| <b>2) What goals have I actually achieved?</b>  |  | <b>Poor</b> |          | <b>Excellent</b> |          |          |          |
| Please, tick only objectives you actually achieved  |  |             |          |                  |          |          |          |
| <b>1. Which of the following goals did I set out myself to achieve through the support program? (to tick)</b> |  |             | <b>1</b> | <b>2</b>         | <b>3</b> | <b>4</b> | <b>5</b> |
| To reduce absenteeism   |  |             |          |                  |          |          |          |
| To reduce delays/early dismissal  |  |             |          |                  |          |          |          |
| To improve school results/marks   |  |             |          |                  |          |          |          |
| To avoid disciplinary actions/notes   |  |             |          |                  |          |          |          |
| To increase Motivation for Learning   |  |             |          |                  |          |          |          |
| To raise Satisfaction in relation to the school and school results  |  |             |          |                  |          |          |          |



|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| To invest more emotional, intellectual and concrete resources in school                |  |  |  |  |  |  |
| To improving participation in extracurricular activities                               |  |  |  |  |  |  |
| To enhance attention focus on school tasks   |  |  |  |  |  |  |
| To develop perseverance in achieving objectives  |  |  |  |  |  |  |
| To get rid of the tendency to move from one activity to another without completing any |  |  |  |  |  |  |
| To develop indipendence in work performance  |  |  |  |  |  |  |
| To provide appropriate answers to the teachers' requests                               |  |  |  |  |  |  |
| To encourage social interactions with classmates                                       |  |  |  |  |  |  |
| To reinforce cooperative behavior  |  |  |  |  |  |  |
| To understand your own Emotions  |  |  |  |  |  |  |
| To understanding emotions of others  |  |  |  |  |  |  |
| To take control of anger   |  |  |  |  |  |  |
| Stress Resilience  |  |  |  |  |  |  |
| Emotional Empowerment  |  |  |  |  |  |  |
| Strenghten the ability to cope with school tasks                                       |  |  |  |  |  |  |
| Increase self-confidence   |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Reducing vulnerability/sensitivity to criticism  |  |  |  |  |  |  |
| Increase the ability to assert own opinions and to make decisions  |  |  |  |  |  |  |
| Undertake the proposed tasks   |  |  |  |  |  |  |
| Increase awareness of importance of school education for the effective personal and professional development |  |  |  |  |  |  |
| Tackling health/family problem   |  |  |  |  |  |  |
| Improve ability to respond to teacher's requestes  |  |  |  |  |  |  |
| Adjustment to school rules   |  |  |  |  |  |  |
| Avoid frauds in the context of evaluation tests  |  |  |  |  |  |  |
| Improving self-regulate tasks  |  |  |  |  |  |  |
| Reduce aggressive behaviors  |  |  |  |  |  |  |
| Tackling behaviors related to the school allergy   |  |  |  |  |  |  |

**Thank you for your participation!**