

Individual's Participation Information & Evaluation

ProActive Caring Mindfulness Strategies and Meditations

(Trainers to complete with each individual participant)

Trainer Information

1. Trainer's Full Name: _____ Organization: _____
Email Address: _____
2. How many of the tools did you use with this individual?
of strategies _____ # of meditations _____
3. What went well? Is there a success story? _____

4. Comments about tools and use with this person _____

Individual/Participant Information

Please circle the answers.

5. First Name only: _____
6. Gender: Male Female Other
7. Age range: 0-2 3-5 6-11 12-14 15-18 19-26 27+
8. The area where I live is: urban suburban rural
9. My ethnicity is: Hispanic or Latino Not Hispanic or Latino Undisclosed
10. My race is: White/Caucasian Black/African American Asian/Asian American
American Indian/Alaska Native Native Hawaiian/other Pacific Islander
Two or more races Undisclosed

Please complete this section WITH the individual or ABOUT the individual based on your observations. Please circle the answers.

11. I liked this Very Much A little bit Not at all

12. I felt good Most of the time A little bit Not at all

13. I want to keep using what I learned Yes Maybe No

14. Now that I've learned this, I feel like I can say what I want better Yes Maybe No

15. I will be a better self-advocate Yes Maybe No

16. I will speak up in meetings with school or care team Yes Maybe No

17. Do you (the individual) serve in a leadership or advocacy position regarding disabilities
(Coalition, Policy Board, Advisory Board) ? Yes No

If you have questions or other feedback, please contact:

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Program Funded by

