



Friends of the CJC Oahu – Ho'ola Na Mana'o (HNM) Outcome Evaluation

FCJC Oahu's Ho'ola Na Mana'o – Needs Request Program is looking to collect outcome evaluation data for all approved requests. This form is one source of such data. We ask that the referring professional take a few minutes to complete this short evaluation form, and return it to FCJC Oahu, within one month of the request approval. Your support and professional input is greatly appreciated. Failure to complete and return this form may impact future requests.

Name of Child: _____

Name of Referring Professional: _____

Item(s)/Service(s) Provided: _____

Please **Check off the Category** (can be more than one) that benefitted the most as a result of the approved request for this child:

- | | |
|---|---|
| <input type="checkbox"/> Family/Guardian Relationship | <input type="checkbox"/> Reducing Family Stress |
| <input type="checkbox"/> Social Behavior | <input type="checkbox"/> School Behavior |
| <input type="checkbox"/> School/Academic Performance | <input type="checkbox"/> Basic Family Needs |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Self-Esteem/Confidence | <input type="checkbox"/> Peer Relations |
| <input type="checkbox"/> Other (please state) _____ | <input type="checkbox"/> Coping with a Crisis |

Describe the impact of the item(s)/service(s) provided: _____

Are additional resources needed? Yes* No For educational, publicity, fundraising, and other purposes, FCJC Oahu may wish to use your comments. Do you consent to such use: Yes ___ No ___ Depends, please contact me first ___

*If yes, please complete new HNM request form.

Referring Professional's Signature _____ Date _____