

# HEARTS EVALUATION

(Please return to UCP by April 14<sup>th</sup>.)

<b>BEFORE</b>				Rate the following statements.	<b>AFTER</b>			
Before participating in HEARTS RESPITE program					After participating in HEARTS RESPITE program			
Was Poor	Was Fair	Was Good	Was Excellent		Is Poor	Is Fair	Is Good	Is Excellent
				1. My ability to actually take a break from my routine of caring for a child with special needs.				
				2. My overall stress level. (Poor=very stressed Excellent= decreased stress)				
				3. My relationship with my spouse. (if applicable)				
				4. My relationship with my children.				
				5. My knowledge of signs and symptoms of child abuse and neglect.				
				6. My knowledge of what to do if child abuse or neglect is suspected.				

**Please take a moment to tell us your story.**

Describe specifically what respite funds have enabled you to do.

What impact has this service had on your family? (example: decreased stress, strengthened relationships, etc.)