

# 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.)