# HEARTS EVALUATION

(Please return to UCP by April 14th.)

**BEFORE**  
Before participating in HEARTS RESpite program

<table>
<thead>
<tr>
<th>Was Poor</th>
<th>Was Fair</th>
<th>Was Good</th>
<th>Was Excellent</th>
</tr>
</thead>
</table>

**AFTER**  
After participating in HEARTS RESPITE program

<table>
<thead>
<tr>
<th>Is Poor</th>
<th>Is Fair</th>
<th>Is Good</th>
<th>Is Excellent</th>
</tr>
</thead>
</table>

- **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.)**