

Sumter School District Mentor Program



Mentee Pre and Post Survey

Name _____

Grade: _____

Date: _____

<i>Concerns in my life:</i>	Often	Sometimes	Rarely	Never
My grades are low.				
I don't get along with my teachers.				
I get in trouble in school.				
I have no friends or a few friends.				
I fight with my friends.				
I am picked on.				
I don't fit in.				
I want to hurt someone.				
I want to hurt myself.				
I get in trouble at home.				
There are problems at home.				
I drink alcohol. (Omit if 3 rd grade or younger.)				
I use other drugs. (Omit if 3 rd grade or younger.)				
I smoke cigarettes.				
I make poor decisions.				
I feel sad.				
I feel angry.				
I feel nervous.				
I feel scared.				
Other:				

**This information is confidential and may be seen by Designated Mentor Staff Only.
Parents may also see this information if requested.**

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<i>Good things in my life:</i>	Often	Sometimes	Rarely	Never
I have friends.				
I handle peer pressure well.				
I feel like I fit in.				
I get good grades.				
I complete my assigned schoolwork.				
I pay attention in class.				
I get along with my teachers.				
I ask for help when I need it.				
I have talents and abilities.				
Others:				
<i>Things I want to accomplish (check all that apply):</i>				
I want to get along better with my teachers.				
I want to improve my grades.				
I want to be involved in extra curricular activities.				
I want to have more friends.				
I want to get along better with my friends.				
I want to get along better with my family.				
I want to have goals for my future.				
I want to feel better about myself.				
Other:				

Please return or mail all forms to:
 Student Support Services
 1345 Wilson Hall Road, Sumter, South Carolina 29150

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