



**Southfield Youth Assistance**  
"Strengthening Youth and Families"  
**Southfield High School A&T**  
24675 Lahser Road, Room 220, Door 13  
**Southfield, MI 48033**  
Phone: (248) 746-7658  
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## Southfield Youth Assistance Provider Evaluation

All providers involved in the activity or event, such as facilitators, instructors, teachers, or counselors, are required to complete this form. Failure to return the completed form will result in ineligibility for receiving future scholarships or grants for any students of their program. The completed form must be submitted either by email or through a designated website within 30 days following the conclusion of the activity or event.

Program Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Program Dates: \_\_\_\_\_

Program Cost: \_\_\_\_\_

Program Address: \_\_\_\_\_

1. What are the goals of this activity? \_\_\_\_\_

2. Were the goals of the activity successfully met?"    yes    or    no

3. Did the student acquire the skills necessary to achieve these goals?    yes    or    no

4. What specific skills did the student acquire from the activity? \_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Circle the correct response. If the appropriate choice is not listed, please write your response on the line denoted as "Other."

1. How many sessions were offered?    1    2    3    Other \_\_\_\_\_

2. How many sessions did the recipient attend?    1    2    3    Other \_\_\_\_\_