



Stop and Think
Pre-Program Evaluation for Grades 2 & 3

Student ID: **SAMPLE** _____

School: _____ Grade: Date: / /
MM/DD/YYYY

Instructions: Please read each sentence and *fill in* the box that best describes what you have been feeling/experiencing **over the PAST MONTH**. There are no wrong answers. Please work carefully and do not skip any sentences. If you need to change your answer, mark an X through the incorrect answer and *fill in* the correct answer.

Over the past month:	Never	Sometimes	Often
1. I tried to make a new friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did something without thinking it through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I chose to stop and think before acting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that I knew how to make a new friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My actions made a situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My big feelings got me in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I treated people with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful that people wanted to be my friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>