

**Big Brothers Big Sisters of Greater Lansing
YOUTH REPORT ON THE MATCH**

| | | |
|--|---|---|
| Child's Name _____ | Volunteer's Name _____ | Date Completed: _____ |
| Match ID: _____ | Length of match when administered: _____ (Specify in months/years) | |
| Age: _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | <input type="checkbox"/> Community-Based <input type="checkbox"/> School-Based <input type="checkbox"/> |
| White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> | | |

We want you to tell us a little about what you feel about your Big. We will not tell anyone what you said without asking for your permission.

| Since I was matched with my Big: | Much Better | A Little Better | About The Same | A Little Worse | A Lot Worse |
|------------------------------------|-------------|-----------------|----------------|----------------|-------------|
| My grades are: | | | | | |
| My interest in school is: | | | | | |
| I get along with everyone at home: | | | | | |
| My friendships are: | | | | | |
| My wanting to learn new things is: | | | | | |

Overall, what do you think about your Big?

What do you like most about your Big?

What sort of things might you want to change about your relationship with your Big?

Is there anything else you want to tell me about your experience with your Big?

Please mail the completed POE assessment form to:

Big Brothers Big Sisters 1235A Center Street Lansing, MI 48906 **Or Fax it to us at:** (517) 372-3130