

Evaluation Form

Name of School: _____ Date: _____

Instructor's Name: _____

Please rank the following on a scale of 1-5, with 1 = poor, and 5 = excellent.

The ability and personality of your instructor:	1	2	3	4	5
The ideas and discussions of the program:	1	2	3	4	5

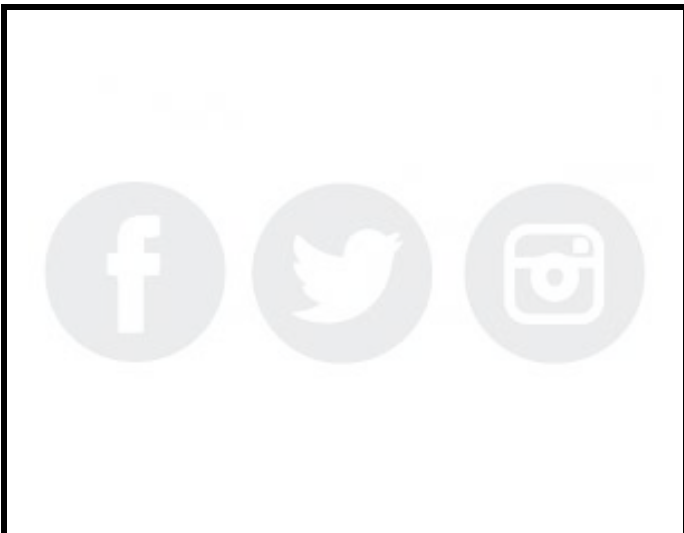
What knowledge and/or skills did you receive today that could be useful?

Do you feel safer/more confident after this program?	Yes	No
Why? How?		

Do you have a conflict situation going on that concerns you?	Yes	No
Do you have a situation that you have been keeping secret?	Yes	No
Do you have a safe person in your life to talk to?	Yes	No
Would you be interested in learning more about being assertive, relationships and boundaries?	Yes	No

How do you feel about what you experienced in your workshop today?

Your name: (optional) _____



Speak Your Truth.

Anything written within the social media box may be posted anonymously to Facebook, Twitter or Instagram.

Check it out @safeteen

Thank you for your contributions!