



Follow Up Evaluation Form

Name of School: _____

Date: _____

Did you feel safer/more confident after this program?
Why? How?

Yes No

Have you had a conflict situation that concerned you?

Yes No

Were you able to use the assertiveness skills to manage the conflict?
Why? How?

Yes No

How often have you used the assertiveness skill or information you learned from Safeteen?

What is sexual consent?

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

Your name: (optional) _____