

**RELATIONSHIPS UNDER CONSTRUCTION
Ohio Adolescent Health Centers
In-Class Program Evaluation**

*We welcome feedback from every teacher, principal, and facilitator who has seen this program.
Thank you for your support!*

Your Name and Position:

School/Organization:

Presentation Dates(s):

Main Presenter:

Secondary Presenter:

Grade level: [circle all that apply]

6 7 8 9 10 11 12

Please indicate, on the scale of 1 to 10, with 1 being the least and 10 being the greatest, your satisfaction with our presentation.

1 Did the presenter(s) arrive on time and handle responsibilities in a professional manner?

1 2 3 4 5 6 7 8 9 10

Comments:

2 Did the presenter(s) communicate effectively with the students?

1 2 3 4 5 6 7 8 9 10

Comments:

3 How would you rate the curriculum/the material covered?

1 2 3 4 5 6 7 8 9 10

Comments:

4 How well did the students receive the presentation?

1 2 3 4 5 6 7 8 9 10

Comments:

5 Can you provide a student or parent/adult quote relative to the impact of our program?

6 Are there any topics that you would like to see included or emphasized more in future presentations? Why?

7 Do you have any other suggestions for our program?

YES NO

Comments:

8 Would you invite us back for future presentations?

YES NO

Comments:

9 Can you suggest someone else who might be interested in our programs?

YES NO

Information:

Please fill out and either return to the presenter, fax it to (937) 226-1682,
or mail to Elizabeth's New Life Center, 359 Forest Avenue, Dayton, OH 45405

Unless indicated, we assume that that we have permission to use your comments in our promotional materials, grant applications, newsletters, webites, and other program literature.