

# Facilitator Feedback Form

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Thank you for implementing the Teen Dating Violence Prevention curriculum for this school year. Please take a few minutes to complete this feedback form. Your responses will help us improve the curriculum in the future to ensure the students receive the best dating violence and healthy relationship education possible!

School: \_\_\_\_\_ Grade: \_\_\_\_ Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

Was this program beneficial to your students:  A lot  Somewhat  No

Please indicate below whether you believe this program helped students in the following ways:

	Not at all	A little bit	Quite a lot	Very much
<b>1. Increase understanding of abusive and respectful relationships</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Increase skills for healthy relationships</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Recognize abusive behaviors in others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Stand up for themselves</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Know how to help a friend in an abusive relationship</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Speak up when they see abusive or harassing behavior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What do you like best about the curriculum?

8. How would you assess the strengths and weaknesses of this curriculum?

9. Do you have any suggestions for improving this curriculum?

10. Are you interested in facilitating this curriculum for the next school year?  Yes  No