

**Program/Teacher Evaluation Form  
Tracie Bell**

Date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

**Program:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Domestic Violence</b> | <input type="checkbox"/> <b>Sexual Assault</b>    |
| <input type="checkbox"/> <b>Dating Violence</b>   | <input type="checkbox"/> <b>Sexual Harassment</b> |
| <input type="checkbox"/> <b>Kids for Kindness</b> |   |

Rating Scale

4(Excellent)	3(Good)	2(Average)	1(Poor)
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1. Please rate the overall presentation.
2. This presentation was informative and useful for the students.
3. The program was presented in an organized manner.
4. The program increased the students' awareness of the effects of victimization.
5. The program increased the students' knowledge of preventative measures.
6. This program increased the students' knowledge of available resources if they were victimized.
7. The presenter was knowledgeable about the topic.
8. The presenter related well to the students.


Would you request this program again?

\_\_\_ YES

\_\_\_ NO

If so, how often?

\_\_\_\_\_ time (s) per year

My suggestions for improving the program are:

Additional Comments:

**Please return this form to the presenter or, if you prefer, mail or fax it. We value your opinion!**

Mutual Ground  
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