

S.A.F.E. Elementary Evaluation

S.A.F.E. Prevention Educator (Please Circle)

Jill

Shannon

Vanessa

SCHOOL _____ **GRADE** _____

DATE _____
(Month, Day, Year)

1. I learned new ways to stay SAFE today? YES / NO
2. The S.A.F.E. educator taught me it is NOT my fault? YES / NO
3. I learned to talk to an adult I can trust? YES / NO

4. We talked about:
(circle one)

Body Safety

Bullying

Internet Safety

5. Is there anything you would like to tell me about today? How did the presentation make you feel?
