

Student Evaluation

Date: _____

Presenter: _____

School: _____ Grade: _____

NO names are needed on this paper. However, if you would like to share anything regarding these questions, feel free to contact S.A.F.E. (Sexual Assault and Family Emergencies) and we will help you in ANY way we can!

1. Do you feel the program presented was appropriate for your class?

Yes _____ No _____

2. What parts of the program did you enjoy the most?

3. What parts of the program did you enjoy the least?

4. Do you feel the presentation helped in any way? Yes _____ No _____

Why? _____

5. Further Comments:

Thank you for taking the time to fill out this student evaluation. If you have any questions or concerns please contact the S.A.F.E. hotline, 1-800-625-1414. However, if you feel more comfortable speaking to Vanessa, please call the Vandalia Office at 1-618-283-1414.

****Remember! The most important thing one individual can do for another is BELIEVE THEM.**