Table of Contents:
Collection of Participant/Client Satisfaction Items

Directions: Below is a collection of possible items that can be used on a participant/client satisfaction tool. You can use any of the items as they appear or modify them to better meet the needs of your CCG, I&E, or MIP program. **When creating your tool, you can use as few or as many items as you want. You can also create your own items.**

The collection of possible items is divided into the following three parts:

	Page #
Part A: Potential Items for Student/Participant Reaction to Program	4A-2
The items in Part A could be used or modified for use on a survey for program participants. Items that address the following areas are included in Part A.	
• Demographics	4A-2
• General Reactions to the Program	4A-2
• Reactions to Class/Program Length	4A-4
• Appropriateness of the Program for Other Students Their Age	4A-4
• Program Impact on Learning Anything New/Important	4A-5
• Program Impact on Understanding/Comfort/Communication re: Body Changes	4A-5
• Program Impact on Expressing Sexual Limits/Resisting Pressure	4A-6
• Program Coverage/Impact on Understanding,/Comfort/Communication re: Condoms/Birth Control	4A-7
• Program Impact on Communication with Child (Parents Only)	4A-8
• Program Exposure	4A-8
• Suggestions for Improvement	4A-8
• Likelihood Will Use Information Provided in Program	4A-9
• Teacher Qualities	4A-9
Part B: Potential Items for Teacher Reaction to Class/Program	4A-10
The items in Part B could be used or modified for use on a survey for teachers in the classrooms in which your presentation is delivered.	
Part C: Potential Items for Client Reaction to Clinical Services	4A-12
The items in Part C could be used or modified for use on a survey for clients in clinic settings. Items that address the following areas are included in Part C.	
• Knowledge of Clinic/Referral Type/Access	4A-12
• Type of Services Received	4A-13
• Clinic Environment	4A-14
• Interactions with Clinic Staff	4A-15

Collection of Participant Satisfaction Items

Note: This is a collection of possible items that can be used on a participant satisfaction tool. You can use any of the items as they appear or modify them to better meet the needs of your program. When creating your tool, you can use as few or as many items as you want.

Part A: Potential Student/Participant Items

The items in Part A could be used or modified for use on a survey for participants.

Demographics

Are you a boy or a girl?

Boy	**Girl**
1	2

Gender:

Male	**Female**
1	2

In what grade are you?

9th grade	**10th grade**	**11th grade**	**12th grade**	**Other**

How old are you?

14 years old or younger	**15 years old**	**16 years old**	**17 years old**	**18 years old or older**

How do you describe yourself?

American Indian	**Black/African American**	**White**	**Hispanic/Latino**	**Asian**	**Other**
1	2	3	4	5	6

How long have you been in the United States?

I was born in the U.S.	**Less than one year**	**One to three years**	**Four to six years**	**More than six years**
1	2	3	4	5

General Reactions to the Program

What did you think of the program?

Very Poor	**Poor**	**Good**	**Very Good**	**Excellent**
1	2	3	4	5

Overall, what did you think of today's program?

Very Poor	**Poor**	**Good**	**Very Good**	**Excellent**
1	2	3	4	5

Overall, how would you rate the program?

Very Poor	**Poor**	**Good**	**Very Good**	**Excellent**
1	2	3	4	5

Overall, I think the program was:

Very Poor	**Poor**	**Good**	**Very Good**	**Excellent**
1	2	3	4	5

The program was enjoyable.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

The characters in the (role plays, videos, stories) seemed like people I might meet or know.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

The characters in the (role plays, videos, stories) were in situations which I could relate to.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

What did you like best about this program?

What did you like least about this program?

What was your favorite activity?

Reactions to Class/Program Length

The length of each class was:

Much too Short	Too Short	Just Right	Too Long	Much too Long
1	2	3	4	5

The length of the whole program was:

Much too Short	Too Short	Just Right	Too Long	Much too Long
1	2	3	4	5

Appropriateness of the Program for Other Students Their Age

Should this program be taught to other students your age?

Yes	No
1	2

Alternative answer choices:

Should this program be taught to other students your age?

Definitely No	Probably No	Not Sure	Probably Yes	Definitely Yes
1	2	3	4	5

Should a sex education program like this one be taught to other students your age?

Yes	No
1	2

Alternative answer choices:

Should a sex education program like this one be taught to other students your age?

Definitely No	Probably No	Not Sure	Probably Yes	Definitely Yes
1	2	3	4	5

Were the role plays realistic for people your age?

Yes	No
1	2

Alternative answer choices:

Were the role plays realistic for people your age?

Definitely No	Probably No	Don't Remember	Probably Yes	Definitely Yes
1	2	3	4	5

Program Impact on Learning Anything New/Important

Did you learn anything new from this program?

Yes, a lot	**Yes, a little**	**No**
1	2	3

Did you learn anything new from the lesson about condoms?

Yes, a lot	**Yes, a little**	**No**
1	2	3

I learned new information about HIV and other sexually transmitted infections in this program.

Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1	2	3	4

What was the most important thing you learned from this program?

What will you do differently from participating in this program?

Program Impact on Understanding/Comfort/Communication re: Body Changes

Because of this program, do you have a better idea of what changes will happen to your body?

Yes, a lot better	**Yes, a little better**	**No**
1	2	3

Because of this program, do you feel more comfortable with how your body works?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

Because of this program, will you be able to talk with your parents or other adults more easily about your body and how it is changing?

Yes, it will be a lot easier	**Yes, it will be a little easier**	**No, it won't be any easier**
1	2	3

Program Impact on Expressing Sexual Limits/Resisting Pressure

Because of the lessons, are you more aware of situations that could lead to sex?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Because of the lessons, are you more aware of situations that could make it hard to stick with your limit?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Was it helpful to practice how to resist pressure in situations that could lead to sex?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Was it helpful to practice how to tell someone where you draw the line?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Was it helpful to practice how to tell your friends "no" when they're pressuring you?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Did the lessons give you ideas on ways you could stick to your limit?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Because of the lessons, is it easier for you to draw the line?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Because of the lessons, did you learn that pressuring your friends may hurt your friendship?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Because of the lessons, did you learn ways to show your friends you respect their lines?

Yes	**No**	**Not Sure/Don't Remember**
1	2	3

Suppose you decided you did not want to have sex until you were older. Did this program help you feel more comfortable telling someone you don't want to have sex?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

Suppose someone you liked wanted to have sexual intercourse with you but you did not want to. Because of this program, would you feel more comfortable telling that person you don't want to have sex?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

Because of this program, do you feel more comfortable telling a partner your limits on sexual activity?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

Because of this program, do you feel more comfortable telling someone you don't want to have sex?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

Program Coverage/Impact on Understanding, Comfort, Communication re: Condoms/Birth Control

The time we spent learning to use condoms was:

Much too Short	**Too Short**	**Just Right**	**Too Long**	**Much too Long**
1	2	3	4	5

The time we spent learning about different birth control methods was:

Much too Short	**Too Short**	**Just Right**	**Too Long**	**Much too Long**
1	2	3	4	5

Suppose you decided you did not want to have sex without using protection. Did this program help you feel more comfortable telling someone you wanted to use a condom and other protection if you were going to have sex?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

Because of this program, do you feel more comfortable talking with a boyfriend or girlfriend about condoms?

Yes, a lot more comfortable	**Yes, a little more comfortable**	**No**
1	2	3

The information I learned about methods of protection will make it easier for me to practice safer sex now or in the future.

Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1	2	3	4

I feel like I have more choices about safer sex after participating in the program.

Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
1	2	3	4

Program Impact on Communication with Child (Parents Only)

I now have more ideas on how to communicate effectively with my child than before I came today.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

As a result of today's workshop, I am more comfortable with the idea of talking about sexuality with my child.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

As a result of today's workshop, I am more confident that I could start a conversation about sex with my child.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

How comfortable were you talking with your child about sexuality-related issues before you came today?

Not at all comfortable	Not very comfortable	Neutral	A little comfortable	Very comfortable
1	2	3	4	5

How comfortable do you feel now about talking with your child about sexuality-related issues?

Not at all comfortable	Not very comfortable	Neutral	A little comfortable	Very comfortable
1	2	3	4	5

Program Exposure

How many of the program sessions did you attend?

1 session 2 sessions 3 sessions 4 sessions 5 sessions

How many of the lessons did you take part in?

Suggestions for Improvement

Is there anything else you would have liked to learn?

If you could change one thing about the program, what would you change?

Likelihood Will Use Information Provided in Program

I will be able to use the information and skills I learned in the program.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Do you think you will use any of the ideas you learned today in the next three months?

Yes	No	Not Sure
1	2	3

Teacher Qualities

How important is it that the teachers for X program (INSERT PROGRAM NAME) have the following qualities?

Qualities	Not at all important	Not very important	Neutral	Kind of important	Very important
They listen well	1	2	3	4	5
They are open and honest	1	2	3	4	5
They are “real”	1	2	3	4	5
They care about my issues	1	2	3	4	5
They are trustworthy	1	2	3	4	5
They are the same race/ethnicity as me	1	2	3	4	5
They are the same gender (male or female) as me	1	2	3	4	5
They have been in the same situation as I have	1	2	3	4	5
They check in with me when I see them to see how I’m doing	1	2	3	4	5
They come from the same community or neighborhood that I do	1	2	3	4	5

Part B: Potential Teacher Satisfaction Items

The items in Part B could be used or modified for use on a survey for teachers in the classrooms in which your program is delivered.

Teacher Satisfaction

What did you think of the teaching?

Very Poor	Poor	Good	Very Good	Excellent
1	2	3	4	5

What did you think of the people who taught the program?

Very Poor	Poor	Good	Very Good	Excellent
1	2	3	4	5

How effective was the person who taught the program?

Very Poor	Poor	Good	Very Good	Excellent
1	2	3	4	5

Overall, I think the teacher was:

Very Poor	Poor	Good	Very Good	Excellent
1	2	3	4	5

The way the classes were taught made it easy for me to learn the information.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

The educator who taught the lessons was well prepared.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

The educator who taught the lessons was able to relate well to my students.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

The content of the lessons was relevant for my students.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

The teaching strategies were appropriate for my students.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

The educator who taught the lessons was able to answer students' questions accurately.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

My students learned new information and/or skills.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

This is an important program to include at my school.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

Overall, how would you rate the program for youth in alternative school settings?

Waste of time	**Good, but not worth the time**	**Good and worth the time**	**Essential**
1	2	3	4

How would you rate *students'* responses to the following parts of the program?

	Very Negative	**Negative**	**Neutral**	**Positive**	**Very Positive**	**I don't know**
a. Class Lessons	1	2	3	4	5	0
b. Guest Speaker	1	2	3	4	5	0

Part C: Potential Clinical Service Items

The items in Part C could be used or modified for use on a survey for clients in clinic settings.

Clinical Services

Knowledge of Clinic/Referral Type/Access

How did you hear about this clinic? (Check all that apply.)

- ❑ From someone who works for the clinic
- ❑ Heard a presentation
- ❑ Another program for teens
- ❑ Advertisement, Specify:
  - ❑ TV
  - ❑ Radio
  - ❑ Billboard
  - ❑ Newspaper
- ❑ I saw clinic from street
- ❑ Friends
- ❑ Family
- ❑ Boyfriend/Girlfriend
- ❑ 1-800-Family Pact telephone number
- ❑ Telephone book/Yellow pages
- ❑ Flyer or brochure
- ❑ Health Fair
- ❑ Other, specify:_____

Why did you choose to come to this clinic? (Check all that apply.)

- ❑ Free or low-cost services
- ❑ Convenient hours
- ❑ Convenient location (easy transportation, or near my house, work or school)
- ❑ A counselor/teacher suggested I come here
- ❑ Only place that I know about
- ❑ I was seen here for other care
- ❑ I was referred by another doctor or clinic
- ❑ I got the location from the Family PACT 1-800-telephone information number
- ❑ They speak my language here
- ❑ Teens work here
- ❑ Other, specify:_____

Based on your experience, please rank what you consider to be the greatest barriers or challenges for teens coming to this clinic (Mark all that apply.)

- ❑ Lack of transportation/client distance from the clinic
- ❑ Inconvenient clinic hours and/or location
- ❑ Misinformation about services and fees
- ❑ Long wait times (to schedule appointment or in waiting room)
- ❑ Lack of knowledge about clinic
- ❑ Anxiety about physical exam
- ❑ Embarrassment
- ❑ Confidentiality concerns (fear parents/ family/friends may find out they came)
- ❑ Other, specify: _____

Type of Services Received

How often have you used this clinic before today?

❑ First time, new to clinic

❑ 1 other time

❑ More than 2 times

What type of services did you come for today? (Check all that apply):

❑ Pregnancy Testing

❑ STI/HIV Screening/Treatment

❑ Reproductive Health Education and Counseling

❑ Birth Control Method Education and Counseling

❑ Birth Control Method Management

❑ Gynecological Problems

❑ Breast Exam/Testicular Exam

❑ Reproductive Health Exam, Including Pap Smear

❑ Emergency Contraception

❑ Other, specify: _____

Did you get the Services you came for?

Yes	**No**
1	2

If no, please explain.

Were you given the information you needed today?

Yes	**No**
1	2

If yes, how was the information presented to you? (Mark all that apply)

___ Written ___ Verbal ___ Video ___ Other

Did you understand the information you received today

Yes	**No**
1	2

If no, what would have made it better?

Clinic Environment

How was the waiting room?

What was the room like where you received services (i.e. clean, comfortable, private, cold)?

What areas of the clinic do you think need improvement? *(For example the waiting room, the reception area, the laboratory, or any other area you visited)*

What do you like most about this clinic?

What do you think could be done to improve the services here?

How long did you have to wait to get services today?

- ❑ Less than 30 minutes
- ❑ More than 30 minutes
- ❑ More than 1 hour
- ❑ Other, specify: _____

Interactions with Clinic Staff

Were you given the opportunity to ask private, personal questions?

Yes	**No**
1	2

How comfortable did you feel talking with clinic staff?

Not at all comfortable	**Not very comfortable**	**Neutral**	**A little comfortable**	**Very comfortable**
1	2	3	4	5

How well did the clinic staff relate to you?

Not at all well	**Not very well**	**Neutral**	**Somewhat well**	**Very well**
1	2	3	4	5

How well did the clinic staff answer your questions?

Not at all well	**Not very well**	**Neutral**	**Somewhat well**	**Very well**
1	2	3	4	5

Overall, I think the clinic staff was:

Not at all helpful	**Not very helpful**	**Neutral**	**A little helpful**	**Very helpful**
1	2	3	4	5

The person I talked with really cared about me and my issues.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

I felt I could trust the person I talked with.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

The person I talked with really listened to me.

Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1	2	3	4	5

The length of the one-on-one session was:

Much too Short	**Too Short**	**Just Right**	**Too Long**	**Much too Long**
1	2	3	4	5

Power Through Choices: Satisfaction Survey

For coding purposes, please give us the following information:

Today's date is: _____

Are you: θ Male? or θ Female?

Part I: Please choose the answer that best describes how <u>you</u> feel about the Power Through Choices program.

1. The program was enjoyable.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

2. I will be able to use the information and skills I learned in *Power Through Choices*.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

3. The way the classes were taught made it easy for me to learn the information.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

4. The characters in the sessions seemed like people I might meet or know.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

5. The characters in the sessions were in situations which I could relate to.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

6. The information I learned about methods of protection will make it easier for me to practice safer sex now or in the future.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

7. I feel like I have more choices about safer sex after participating in the program.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

8. I feel like I have more choices in life after participating in the program.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

9. I learned new information about HIV and other Sexually Transmitted Infections (STIs) in this program.
   - θ I strongly agree
   - θ I agree
   - θ I disagree
   - θ I strongly disagree

10. The time we spent learning how to use condoms was:

    θ Much too short
    θ A little too short
    θ Just about right
    θ A little too long
    θ Much too long

11. The time we spent learning about different birth control methods was:

    θ Much too short
    θ A little too short
    θ Just about right
    θ A little too long
    θ Much too long

12. The length of each class was:

    θ Much too short
    θ A little too short
    θ Just about right
    θ A little too long
    θ Much too long

13. The length of the whole program was:

    θ Much too short
    θ A little too short
    θ Just about right
    θ A little too long
    θ Much too long

14. Overall, I think the teacher was:

    θ Excellent
    θ Very good
    θ OK
    θ Not very good
    θ Poor

15. Overall, I think the *Power Through Choices* program was:

    θ Excellent
    θ Very good
    θ OK
    θ Not very good
    θ Poor

16. What did you like **best** about the program?

_____

17. What did you like **least** about the program?

_____

18. Is there anything else you would have liked to learn?

_____

19. Other comments about the Power Through Choices topics or activities?

_____

Teacher Survey

We would like your feedback on (**INSERT NAME OF YOUR PROGRAM**) program that was taught in your class this year. Please answer each of the questions below and return it to (**INSERT NAME OF PERSON TO COLLECT SURVEY**). Please ***do not*** put your name on the survey. Thank you.

		Strongly Disagree	**Disagree**	**Not Sure**	**Agree**	**Strongly Agree**
1.	The educator who taught the lessons was well prepared.	1	2	3	4	5
2.	The educator who taught the lessons was able to relate well to my students.	1	2	3	4	5
3.	The content of the lessons was relevant for my students.	1	2	3	4	5
4.	The teaching strategies were appropriate for my students.	1	2	3	4	5
5.	The educator who taught the lessons was able to answer students' questions accurately.	1	2	3	4	5
6.	My students learned new information and/or skills.	1	2	3	4	5
7.	This is an important program to include at my school.	1	2	3	4	5

8. How would you rate *students'* responses to the following parts of the program?

	Very Negative	**Negative**	**Neutral**	**Positive**	**Very Positive**	**I don't know**
a. Class lessons	1	2	3	4	5	0
b. Guest speaker	1	2	3	4	5	0

9. Overall, how would you rate the program for youth in alternative school settings?

Waste of time	**Good, but not worth the time**	**Good and worth the time**	**Essential**
1	2	3	4

Please use the reverse side to share any comments you have about the program (e.g., strengths, suggested changes, how it fit with your classroom instruction, etc.

Template Instructions

Directions: Use the template on the next page to help create your survey. Here are the basic steps.

Step 1	Insert the name of your program and who is completing the survey. For example: Teen Survey; Teacher Satisfaction; Counselor Survey; Parent Survey.
Step 2	Insert demographic items (optional): gender, grade, race/ethnicity, etc.
Step 3	Determine what you want to assess about your program. Look through the collection of potential survey items (Appendix 4A) and choose the items for your survey. The survey length is up to you. Add appropriate response options and insert (strongly agree to strongly disagree; very well to not well at all; etc.). Refer to Appendix 4A for examples of response options.
Step 4	Add open-ended items (optional). Refer to Appendix 4A for ideas.
Step 5	Review final version of survey for spelling, numbering (be sure to check order of numbering starting from the top of survey), and formatting before final copying.
Step 6	If possible, pilot test your tool by asking a few participants to try it out before using it.

Formatting Tips:

- You can control the appearance of the gridlines on the table
  - Select/Highlight the table: on **Table** menu click **show gridlines** or **hide gridlines**.
- You can shade rows or every other row.
  - Highlight the row (s) you want to add shading to, for specific table cells, select the entire cell.
  - on the **Format** menu, click **shading/boarders**, then click the **shading** tab
  - Select the **shading** options you want.
- You can add clip art or borders to enhance the visual appeal of your survey.

<u>Step 1</u>: Insert survey heading (e.g., Name of Program).

<u>Step 2</u>: Insert demographic items that are of interest to you.
For Example:

1. Are you a boy or girl? ❒ Boy ❒ Girl

<u>Step 3</u>: Insert or type items from the collection of participant satisfaction items. Choose appropriate response options for scale and insert: We show a 5-point scale in the example below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
x. Insert item here.	1	2	3	4	5
xx.	1	2	3	4	5

<u>Step 4</u>: Add open ended items (optional).
For example**:**

What did you like best about this program?

Participant Satisfaction Tool – SAMPLE Summary

[Agency Name] met the CPI Evaluation requirement by developing and implementing a "Participant Satisfaction Survey" for its Family Life Education Program. A health educator, youth development leader, and supervisor, put the survey together with guidance provided by our advisors from ETR and OFP.

Satisfaction surveys were collected from a total of 75 participants. Out of those 75, 38 were males and 37 were females. The age breakdown is 50 are 15 years old and older, 25 are 14 years or younger.

Overall, students responded positively to our Family Life Education Program, indicating that they enjoyed the variety of topics discussed, that they learned something from the class, and that they would recommend the class to their peers. Highlights of the survey results include the following:

- The vast majority of students rated the class and the teaching as "very good" or "excellent."
- Almost all (97%) of the students reported that the class helped them (at least a little) to learn how to resist peer pressure.
- More than three fourths of the students reported that the class helped them feel at least a little more comfortable refusing sex (76%) and telling someone that they want to use protection if they were going to have sex (81%).
- Approximately nine of ten (89%) students agreed that this class should be taught to other students the same age.
- Almost all (95%) students would recommend this class to their friends.

For the most part, males and females responded similarly to the class, but female participants' were slightly more enthusiastic in their responses.

When asked what they liked best and least about this class, students most often indicated that they enjoyed the variety of topics discussed and that they liked everything about the program. Similarly, when asked to provide suggestions for program improvement, over half (56%) of the students indicated that they would leave the class the way it is. When suggestions for improvement were made, the most common suggestions were to provide more up-to-date videos and guest speakers who can share their testimonials and life experiences.

When asked what they would do differently after participating in this class, just under half (46%) of the students suggested that they have adequate tools to say no to drugs, alcohol and peer pressure after taking the class.

Based on these results, [Agency Name] will consider modifying the Family Life Education program by providing even more opportunities for students to practice communication skills (e.g. refusing sex, requesting that protection be used if going to have sex) and by including more up-to-date videos and guest speakers. Overall, few program changes will be made at this time since students seem to be responding so well to the program as it is.

SAMPLE