

TEACHER EVALUATION OF HIV+ SPEAKING ENGAGEMENT

Dear _____ at (school) _____:

Please provide feedback on the presentation made by an HIV+ Speaker recently at your school. By completing this evaluation you will help us gather information critical to evaluating the program. Thank you for providing this important educational opportunity for your students.

Name of speaker _____

Date of program _____ Number of sessions _____

Describe your students (grade, characteristics, etc.) _____

Student number _____ Male _____ Female _____

Amount of payment _____

Using a scale of 1-5, describe how much you believe the speaker's presentation addressed the educational goals for this program:

- *Students understand that HIV can infect anyone who engages in risk behavior*
Not at all 1 2 3 4 5 Very well
- *Students recognize the attitudes in themselves that are associated with risk behavior*
Not at all 1 2 3 4 5 Very well
- *Students are motivated to practice abstinence or safe sexual behaviors*
Not at all 1 2 3 4 5 Very well
- *Students' irrational fears of those infected with HIV have diminished*
Not at all 1 2 3 4 5 Very well
- *Students have become more aware and caring of those living with HIV in our communities*
Not at all 1 2 3 4 5 Very well

On a scale of 1-5, rate how capable you felt the speaker was in accomplishing the above.

Not at all 1 2 3 4 5 Very

On a scale of 1-5, rate how well the speaker respected boundaries (no opinions, no advice, etc.).

Not at all 1 2 3 4 5 Very

Would you recommend this speaker to other classrooms? _____ Yes _____ No

If no, why not?

Please include additional comments on reverse side

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