



Adolescent Pregnancy Prevention Program Participant Feedback Survey

	Yes	Somewhat	No
1. Did the facilitator welcome you when you arrived?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the facilitator treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you like how the facilitator led the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the facilitator enthusiastic about the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the facilitator participate in the activities with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you understand the information the facilitator presented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the facilitator answer all your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you understand the facilitator's answers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you comfortable sharing your thoughts and ideas with the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you recommend this program to a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My favorite part of APPP is _____ _____			
12. My least favorite part of APPP is _____ _____			
13. If I could change one thing about this program to make it better, I would _____ _____			
14. The most important thing I have learned from this program is _____ _____			
15. I would like to learn more about _____ _____			
<input type="checkbox"/> I would like to discuss my concerns and suggestions for improvement.			
Name: _____			