



## Teen Pregnancy Prevention Initiatives Participant Feedback Survey

	Yes	Somewhat	No
1. Did the instructor welcome you when you arrived?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the instructor treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you like how the instructor led the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the instructor enthusiastic about the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the instructor participate in the activities with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you understand the information the instructor presented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the instructor answer all your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you understand the instructor'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 this program is _____ _____			
12. My least favorite part of this program 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 _____ _____			

I would like to discuss my concerns and suggestions for improvement.

Name: \_\_\_\_\_