

PARTICIPANT FEEDBACK FORM — Our Whole Lives (OWL) gr. 7-9

1. What is your overall rating of the program? Please circle one.

Excellent Good Average Fair Poor

2. What did you like *best* about the sessions you participated in?

3. What did you like *least* about the sessions you participated in?

4. Did you think the sessions were (please check one):

_____ too long _____ about right _____ too short

5. Did you think that you had (please check one):

_____ too many sessions _____ the right amount of sessions
_____ too few sessions

If you thought there were too many sessions, which ones would you leave out?

6. Are there any sessions that you would prefer *not* to have participated in? _____

If yes, which ones? _____

7. Is there anything that you would like to have talked about that was not included in the sessions? _____ What was missing for you? _____

8. Rate how you feel about the amount of time spent on the following areas.

1 = too much time 2 = enough time 3 = too little time

_____ feelings and values

_____ body image

_____ male and female sexual anatomy

_____ puberty

_____ gender and gender roles

_____ relationships

_____ communication and decision-making skills

_____ sexual orientation (gay, lesbian, and bisexual issues)

_____ sexual behaviors and pleasure

_____ reproduction

_____ teen pregnancy

_____ defining/redefining abstinence

_____ contraception and decisions about pregnancy

_____ sexual diversity/ dealing with difference

_____ sexual abuse

9. Please rate your facilitators' skills in leading the sessions. Circle one.

Excellent Good Average Fair Poor

10. What suggestions would you offer to the facilitators to improve the way the group is conducted?
