



BELIEVE Project
ADULT FEEDBACK SURVEY

To be completed after the presentation.

We want to hear what you thought of the BELIEVE presentation! Your thoughts and opinions are very important to us. All of your answers are confidential and will be reported anonymously. Thank you for your time.

Date: _____ School District: _____

1. Your role (circle): Educator Caregiver Other(describe): _____

2. Please circle the number that best describes how much you agree with the sentence.

	Disagree	Sort of disagree	Neutral/ Don't know	Sort-of agree	Agree
This presentation increased my awareness of unhealthy/abusive relationships, sexual violence, consent, sexual harassment, sexting.	1	2	3	4	5
This presentation increased my knowledge about how to help children and youth who are experiencing sexual violence.	1	2	3	4	5
I feel the BELIEVE Project is an important part of the current provincial physical and health education core competencies within the new curriculum for Grades 6-8.	1	2	3	4	5
I think that our school's partnerships with the BELIEVE project makes our school better able to meet the needs of students.	1	2	3	4	5
I think all students should get a chance to have a BELIEVE presentation in their class.	1	2	3	4	5

3. What is something that you heard in today's presentation that you feel will stay with you?

4. What is one thing that would make today's presentation even better?

Thank you.