



Program Name:	CRS Staff:
Date:	Location:
Your school:	

We greatly appreciate receiving your feedback, and we will use your responses to help improve the program.

Please rate how strongly you agree or disagree with each of the following statements by circling the corresponding number.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I understood the goals and expected outcomes for the program.	1	2	3	4	5
2. The program created a safe environment that made it more comfortable for me to share my personal experiences, views, and opinions.	1	2	3	4	5
3. The facilitator(s) encouraged me to share my perspectives.	1	2	3	4	5
4. I gained a greater understanding of people with different personal experiences, views, or opinions.	1	2	3	4	5
5. Participation helped to identify the issues that are important for the school community to address.	1	2	3	4	5
6. Participation helped to develop and prioritize solutions to address important issues in the school community.	1	2	3	4	5
7. I feel motivated to stay engaged in addressing important school community issues.	1	2	3	4	5
8. The program was a worthwhile use of my time.	1	2	3	4	5

For the following questions, please write your comments in print and as legibly as possible.

9. What part of the program did you like best? Please explain.

10. Which was the most valuable thing you learned in the program?

11. What do you think could improve the program? Please be specific.

12. Do you have additional comments you would like to share with us?

Thank you for your feedback!