

HEART

Parent Evaluation

Speakers Name: _____

Church: _____

Circle One: Male Female

1. Over all I would rate this presentation: Poor Adequate Good Excellent

2. Was there anything about the presentation you disagree with? Yes No

If yes, please explain: _____

3. What information did you find the most helpful? (Please Circle)

- | | | | |
|----------------|----------------------|---------------|------------|
| Goal Setting | Standards and Values | Peer Pressure | STI's |
| Love vs. Crush | Consequences | Stories | Boundaries |
| | Emotional Intimacy | Starting Over | |

4. What information would you like to see more time spent on?

5. What suggestions do you have to help this presentation reach the youth?

6. If you would like more information on HEART, on going mailings of trends and information with teens and sex or are interested in becoming a HEART speaker please fill out your name and address below and indicate what you would like and we will get you the information you desire. Thank you.

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