



Health Education and Relationship Training Teacher Evaluation

Speaker's Name: _____

School: _____

Circle Grade Taught: 5th 6th 7th 8th 9th 10th 11th 12th College

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 do you think was the most helpful?

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. As a parent or teacher, what do you see that you would like to share about your students and school?

____ I would to be involved in the HEART program. Please notify me when the next training is available

Name: _____

Address: _____

Phone: _____
