

INTRODUCTORY CURRICULUM EVALUATION FORM

Setting:

Date:

# of participants:

\_\_\_\_\_

Please respond to the following questions regarding the introductory curriculum by using the scale below. Your honest feedback is appreciated. We will be incorporating your feedback into updates and changes in the overall curriculum.

<b>N/A</b>	<b>Not so Good</b>	<b>Needs Improvement</b>	<b>Okay</b>	<b>Very Good</b>	<b>Excellent</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

1.) How would you rate the overall effectiveness of this curriculum? \_\_\_\_\_

2.) How would you rate this curriculum as a learning tool for people with developmental disabilities? \_\_\_\_\_

3.) How well did the curriculum represent diverse populations? \_\_\_\_\_

*For the questions 4 through 11 please circle either "yes" or "no"*

4.) Would you use this curriculum again? YES NO

5.) Would you recommend this curriculum to a colleague? YES NO

6.) Did this curriculum increase participants' knowledge of personal space and boundaries? YES NO

7.) Did this curriculum increase participants' knowledge of assertiveness skills? YES NO

8.) Did this curriculum increase participants' knowledge of healthy relationships? YES NO

9.) Did this curriculum increase participants' knowledge of sexual health education? YES NO

10.) Did this curriculum increase participants' knowledge of sexual abuse? YES NO

11.) Did this curriculum increase participants' knowledge of laws regarding sexual behaviors (e.g., age of consent, public displays of behaviors, and consent) and personal rights? YES NO

12.) Is there anything you want added to this curriculum?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.) Is there anything you want subtracted from this curriculum?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.) If you have any other feedback you have not yet expressed, please feel free to do so below.

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