

ADVANCED CURRICULUM EVALUATION FORM

Setting:

Date:

of participants:

Please respond to the following questions regarding the lesson plan you just taught by using the scale below. Your honest feedback is appreciated. We will be incorporating your feedback into updates and changes in the lesson plans.

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

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 following questions 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 sexual health education? YES NO

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

8.) 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

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

10.) Did this curriculum increase participants' knowledge of pregnancy and contraception? YES NO

11.) Did this curriculum increase participants' knowledge of sexually transmitted infections? YES NO

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

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

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

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