The Predator Awareness Task Force

COMMUNITY SAFETY:
JUST SAY “NO” TO HARASSMENT

Instructor Evaluation

Name (Optional) __________________________  Title (Teacher, Aide, Parent, Care provider) _________
Phone (Optional) __________________________  E-Mail (Optional) ___________________________
Date of Training: _________________________  Number in attendance: _________________________
Circle Program Type: SDC, RSP, Full Inclusion, Adult Service Provider, Other: _____________________

Was this training cognitively and developmentally appropriate for your students/clients?

Disagree  □  Agree  □

Overall this training was educational?

Disagree  □  Agree  □

What we learned will help my students/clients be safer?

Disagree  □  Agree  □

Would you be interested in another safety training developed for persons with special needs?

Disagree  □  Agree  □

The most valuable components of this training were:

Suggestions for how this training could be improved:

What other topics would you like to see developed into training:

Other comments:

Please return to: Dana Zapanta, SCOE  dzapanta@scoe.org
8511 Liman Way Rohnert Park, CA 94928  fax: 707-792-4566