

## SURVEY FORM FOR TEACHERS

Please use a **separate form** for **each class/section** taught  
Please use a **separate form** when returning the "Pre" & "Post" Survey

1. School/Location where survey was administered: \_\_\_\_\_
2. Name/Title of person administering survey: \_\_\_\_\_
3. Date of survey administration: (Month/Day/Year)\_\_\_\_\_
4. Surveys administered (Check only one):  
( ) "Pre" Survey ( ) "Post" Survey
5. Grade Level(s) of students: (Check all that apply):  
( ) 9<sup>th</sup> ( ) 10<sup>th</sup> ( ) 11<sup>th</sup> ( ) 12<sup>th</sup> ( ) Other (Please Specify): \_\_\_\_\_
6. Length of each class (Check only one):  
( ) 40 minutes ( ) 60 minutes ( ) 80 minutes ( ) Other: \_\_\_\_\_ minutes
7. Time of day classes taught: \_\_\_\_\_ Please note if time varies: \_\_\_\_\_
8. Number of chapters taught: # \_\_\_\_\_ chapters

### 8A. Please check off specific content you taught on the attached page.

9. Total number of students present: # \_\_\_\_\_ Students..... # \_\_\_\_\_ Male # \_\_\_\_\_ Female
10. Total number of completed surveys: # \_\_\_\_\_ Completed Surveys

Other relevant descriptive student information:

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Did any event occur that would cause these surveys to be invalid?

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**COMMENTS – PLEASE USE THE BACK OF THIS PAGE TO PROVIDE US WITH ANY USEFUL INFORMATION OR INSIGHTS – SUCH AS:**  
**Do you feel this material has/will have a positive impact on your students' behavior or choices?**  
**Do you think your students enjoyed the lessons and activities?**  
**Do you believe your students feel this material is relevant to their lives?**

**THANK YOU FOR TAKING THE TIME TO COMPLETE  
THE SURVEY & CONTENT CHECKLIST.**

