

***Recovery and Prevention Resources  
Too Good For Violence Satisfaction Survey***

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
School/ Organization

**For the following questions, please circle the number which most accurately rates your opinion or feelings about the Too Good For Violence program provided by RPR.**

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NA/ Don't Know
1. Program presenters arrived on time.	1	2	3	4	5	6
2. Material was age-appropriate.	1	2	3	4	5	6
3. Material was culturally appropriate.	1	2	3	4	5	6
4. Presenters acted in a professional & appropriate manner.	1	2	3	4	5	6
5. Presenters were knowledgeable about the subject being presented.	1	2	3	4	5	6
6. Presenters showed enthusiasm & worked well with others.	1	2	3	4	5	6
7. Group or educational activities were informative to our students.	1	2	3	4	5	6
8. After program completion, I reinforced the skills taught in the program in my classroom.	1	2	3	4	5	6
9. The group or educational program was a valuable experience for students.	1	2	3	4	5	6
10. Overall, I am very satisfied with the programs presented.	1	2	3	4	5	6

Please list any specific **strengths** in the program(s) you or your organization participated in. \_\_\_\_\_

Please list any specific **weaknesses** in the program(s) that you or your organization participated in. \_\_\_\_\_

Please describe any ways you reinforced the skills taught in the program in your classroom. \_\_\_\_\_

Please provide us with any additional comments or suggestions to improve our program(s). Feel free to use the back of this form if necessary. \_\_\_\_\_