Adolescent Pregnancy Prevention Program Participant Feedback Survey

1. Did the facilitator welcome you when you arrived? □ □ □
2. Did the facilitator treat you with respect? □ □ □
3. Did you like how the facilitator led the program? □ □ □
4. Was the facilitator enthusiastic about the program? □ □ □
5. Did the facilitator participate in the activities with you? □ □ □
6. Do you understand the information the facilitator presented? □ □ □
7. Did the facilitator answer all your questions? □ □ □
8. Did you understand the facilitator’s answers? □ □ □
9. Are you comfortable sharing your thoughts and ideas with the group? □ □ □
10. Would you recommend this program to a friend? □ □ □

11. My favorite part of APPP is ____________________________________________________________
12. My least favorite part of APPP is ______________________________________________________
13. If I could change one thing about this program to make it better, I would_________________________________
14. The most important thing I have learned from this program is _______________________________
15. I would like to learn more about _________________________________________________________

☐ I would like to discuss my concerns and suggestions for improvement.

Name: ________________________________