



SunAWARE Program Evaluation

SunAWARE Educator _____

Location _____ Date _____

Evaluator/Position/Grade _____

1. What elements of the SunAWARE Program did we provide to your organization?

- | | |
|--|----------------------------------|
| _____ Student presentation (Classroom) | _____ Student Program (Assembly) |
| _____ PTO/PTA Presentation | _____ Health Fair |
| _____ Faculty | _____ Other (Please describe) |

Please respond to the statements below by filling in the most appropriate response.

2. What was your overall impression of the program?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor | Very Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments _____

3. How effective was the teacher in terms of content knowledge and delivery?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor | Very Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments _____

4. What was the overall reaction by students/observers/audience of the program?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor | Very Poor |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments _____

5. What was your overall impression of the SunAWARE curriculum in terms of relevance?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor | Very Poor | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments: _____

6. How would you rate the SunAWARE Post Test? Will you use it?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Good | Fair | Poor | Very Poor | N/A |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments _____

7. How could we improve the program?

Children's Melanoma Prevention Foundation thanks you for your participation!