**The following questions ask about your teaching background.**

1. At what school did you teach this year?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your position at this school?

* Administrator
* Counselor or social worker
* Nurse
* Teacher
* Other

1. What level of the Evidence-Based Program (EBP) did you teach?

* Middle School
* High School
* After-school

1. How long have you been teaching the selected EBP?

* 1 year
* 2 years
* 3 years
* 4 or more years

**For the next questions, please think about how much you agree or disagree with the following statements:**

*Training for our district’s EBP adequately prepared me to:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not applicable** |
| 1. **Implement the program as it was written and/or intended.** |  |  |  |  |  |
| 1. **Talk comfortably about sexuality in the classroom.** |  |  |  |  |  |

*After implementing our district’s EBP at my school I believe:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. **I am a better sexual health educator because of implementing this program.** |  |  |  |  |
| 1. **In general, my skills to interact with students on sexual health topics have improved.** |  |  |  |  |
| 1. **I am a more credible resource to my students on the topic of sexual health.** |  |  |  |  |
| 1. **My school administration is supportive of sexual health education.** |  |  |  |  |
| 1. **My school is doing a better job of teaching sexual health education than before.** |  |  |  |  |

*After implementing our district’s EBP at my school I believe:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | | **Agree** | **Strongly Agree** | **Don’t Know** |
| 1. **Parents are more supportive and engaged around sexual health education.** |  |  |  | |  |  |
| 1. **Parents are talking more with their kids about sexual health.** |  |  |  | |  |  |

**The next questions ask for your reactions to our district’s EBP. How much do you agree or disagree with the following:**

*The EBP had:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| 1. **A clearly written teaching manual.** |  |  |  |  |
| 1. **Easy to follow lesson format.** |  |  |  |  |
| 1. **An approach that made it enjoyable to teach.** |  |  |  |  |

**How much do you agree or disagree with the following statements?**

*The students…*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** | **Not Applicable** |
| 1. **Reacted favorably to talking about sexuality in the classroom.** |  |  |  |  |  |
| 1. **Enjoyed the program.** |  |  |  |  |  |
| 1. **Make healthier choices as a result of the program.** |  |  |  |  |  |

Would you be interested in continuing to teach the EBP?

* 1. Yes
  2. No

Why or why not?

Do you believe your school and/or district should continue to implement this EBP with students?

* 1. Yes
  2. No

1. Were you trained to teach the EBP?
   1. Yes
   2. No
2. Now that you’ve implemented the EBP, how helpful were these trainings?
3. Not at all helpful
4. Somewhat helpful
5. Very helpful
6. Extremely helpful
7. In what areas would you be interested in obtaining additional training? ***(Please choose all that apply.)***
8. Specific skills related to teaching the EBP
9. Increasing comfort in discussion topics related to sexual health
10. How to access other effective EBPs?
11. I am not interested in attending any more trainings
12. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Do you have any suggestions on how to improve the implementation of the EBP next year?

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