

SAFE-T Teacher Training Evaluation

School/Site: _____ County: _____
 Trainer(s): _____ Date: _____

Directions: Read each of the statements below. Put a checkmark or an X next to your response.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. After this training I feel that I am familiar with the SAFE-T philosophy, research base, and objectives.				
2. I have a better understanding of the dynamics of sexual abuse.				
3. I am more prepared to involve school and community support people, as well parent and guardians, to create a supportive community of adults for SAFE-T students.				
4. I feel more comfortable having discussions about sexual harassment and abuse with my students.				
5. After this training I feel that I can successfully implement SAFE-T with all middle school students at my school.				

Additional Comments: _____



