



Education and training for a positive parenting future
SERVICE EVALUATION

School: _____

Position: _____

Date of session: _____

Have the students received this type of reproductive health education before?

Yes

No

Not Sure

Please comment

Did you feel the language within this session was pitched at a level appropriate to the students understanding?

Not At All				Always
1	2	3	4	5

In your opinion do you think the session has increased the students' knowledge with regard to:

Not At All				Greatly
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Healthy choices during Pregnancy and Parenting				
1	2	3	4	5

Pregnancy care for the woman				
1	2	3	4	5

Importance of support during Pregnancy, Birth and Parenting				
1	2	3	4	5

Feeding a newborn				
1	2	3	4	5

Caring for a new baby				
1	2	3	4	5

Do you think it's valuable to have the boys be part of the session? Please explain

Do you think the information was delivered in an inclusive respectful manner?

Yes

No

Not Sure

INTEGRATION

In your opinion, do you feel Core of Life sessions enhance the health curriculum at your school?

(Please circle)

Yes

No

Please comment

Please contribute any suggestions to improve 'Core of Life' school education sessions (eg. Topics, class management, format, etc,)

Thank you for taking the time to complete this evaluation form.