

Teacher Feedback Form



School: _____
Teacher Name: _____
Contact number: _____

We would like your feedback about the FRIENDS program. Your comments will be used to improve the program.

For the following questions please circle the word that best describes your response to the statement:

Since the FRIENDS Program, I have noticed that most of my students....

- | | | | | |
|--|-----|----------|----|--------------|
| ... recognize and describe their feelings better | yes | somewhat | No | not observed |
| ... act more sensitively towards others | yes | somewhat | No | not observed |
| ... refer to the F-R-I-E-N-D-S Steps | yes | somewhat | No | not observed |
| ... use relaxation skills (or want to practice them) | yes | somewhat | No | not observed |
| ... identify helpful and unhelpful thoughts | yes | somewhat | No | not observed |
| ... break down challenges/goals into smaller steps | yes | somewhat | No | not observed |
| ... use the steps of the 6-Block Problem Solving Plan | Yes | somewhat | No | not observed |
| ... are better able to calm themselves down | Yes | somewhat | No | not observed |
| ... are more likely to reward themselves for successes | Yes | somewhat | No | not observed |
| ... act more confident | Yes | somewhat | No | not observed |

Please identify any other skills that you observe or hear your students using that you think might be related to the FRIENDS program:

In your opinion, what do you think is the most important skill that the children learn in the FRIENDS Program?

Did you run the FRIENDS parent sessions? YES NO

Why or why not?

Did you use any other resources to enhance the teachings in the FRIENDS program?

YES NO

If yes, what were they?

Any other comments?

Thank you for completing this questionnaire.
Please fax, mail or email back to the FNEESC/FNSA office 604-925-6097.