



LifeSkills Training High School Program Teacher Feedback Survey

Dear LST Facilitator,

Thank you for participating as an instructor in the LifeSkills Training project this year. You are a key player in an evaluation which looks at implementing a research-based program in the United States. Following is a feedback form to be submitted after the completion of the LST program with your students (after teaching the first round of students, if you are teaching LST in multiple sessions throughout the year).

This information is an important piece of our evaluation and will allow you to express your perception of the program and the successes and challenges you encountered during implementation. Please feel free to include as much information as you feel will be helpful in our assessment of the implementation process at your site.

It is very important to submit the form to us soon after implementation ends because our data are analyzed immediately after the school year has concluded for all sites. These reports are read by the technical assistance providers, to assess common problems that then may be addressed through technical assistance. The reports will provide feedback to your school district on how well LST has been implemented and may suggest areas of concern and methods for improvement.

You will receive a gift card in the amount of \$30 as a small token of our appreciation for your time and effort in completing the LST Teacher Feedback form. This form should take about 10-15 minutes to complete. If you would like to submit the survey online, it may be found at: *[URL not included]*

Please be sure to include your name and address at the end of the survey. Your name needs to be listed only to ensure that your gift card is sent directly to you, and for purposes of following up with teachers who have not submitted feedback. No names will ever be associated with feedback data or used for any other purpose.

Thank you again for your participation and feedback.

Sincerely,

LST Staff

University of Colorado Boulder
Prevention Science Program (PSP)

LifeSkills Training High School Teacher Feedback Survey

Site: _____ Date: _____

School District: _____ School Name: _____

**Please complete this form immediately after you have implemented one full cycle of LST.
If you are teaching multiple rotations, please complete the form after the first rotation.**

Check LST HS if you taught the high school curriculum: LST HS

LST Program and Implementation

Was LST always taught at least once a week for consecutive weeks, except for holidays?

LST HS: No Yes

LST HS

Average length in **minutes** of LST class period:

Average **minutes** (per class period) spent on each LST lesson:

Please check all lessons that were taught. If team* teaching, report all lessons covered by the team.*

** A team is one or more teachers sharing in the instruction of the LST curriculum to a single group of students. Some examples include: 1) One instructor teaches lessons 1 - 8 and a second instructor lessons 9 - 15. 2) Multiple instructors share the lessons across curriculum areas.*

LST HS

7 lessons

- The Value of Good Health
- Decision-Making for Health
- Risk-Taking and Substance Abuse
- The Media and Health
- Managing Stress, Anger, and Other Emotions
- Family Communications
- Healthy Relationships

For any core lesson(s) that were not taught, please mark the primary reason each lesson was not taught [*Q is repeated for **each** core lesson that was not taught in electronic version of survey*]:

Level : _____ Core Lesson Name: _____

- Not enough time
- Interruptions to schedule (assemblies, snow days, holidays, etc.)
- Not pertinent to students
- Overlap with materials already taught
- Other: please specify: _____

Level : _____ Core Lesson Name: _____

- Not enough time
- Interruptions to schedule (assemblies, snow days, holidays, etc.)
- Not pertinent to students
- Overlap with materials already taught
- Other: please specify: _____

Level : _____ Core Lesson Name: _____

- Not enough time
- Interruptions to schedule (assemblies, snow days, holidays, etc.)
- Not pertinent to students
- Overlap with materials already taught
- Other: please specify: _____

Were any of the LST lessons difficult to implement?

- No Yes

If yes, please check each lesson and describe why you found it difficult to teach (e.g., not enough time, missing materials):

LST HS

Why difficult to teach?

- The Value of Good Health
- Decision-Making for Health
- Risk-Taking and Substance Abuse
- The Media and Health
- Managing Stress, Anger, and Other Emotions
- Family Communications
- Healthy Relationships

What percent of time did you spend using each of the following teaching techniques:

	LST HS
Lecture	%
Discussion	%
Demonstration	%
Behavior Rehearsal (Practice)	%
	= 100%

Column total must equal 100%.

The following questions are about the LST program. Please check the response that best represents your opinion about each statement.

I am in favor of having the LST program in my school.

- Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

The LST curriculum is appropriate for the students' age and comprehension levels.

- Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

The educational materials used by LST seem to be interesting/appealing to students.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

The LST program teaches students the skills needed to avoid drugs and violence.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

The LST program has the potential to play a significant role in reducing youth participation in drugs.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

The time allotment of the LST curriculum (i.e., approximately 45-60 minutes each session) provides enough time to cover the session topics.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

There was enough time during the class period to sufficiently cover the material for each lesson.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

I often strayed from the lesson plan in the Teacher's Manual.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

It was often difficult to control the class during LST lessons.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Parents were aware of their children's participation in the LST program.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Parents were supportive of their children's participation in the LST program.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

School administrators were supportive of the LST program.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Please check below all of the supplemental materials used during LST lessons:

- PowerPoints
- LST website games and activities/Materials suggested by NHPA Trainer
- Quizzes
- Guest speakers (adults)
- Guest students
- Videos/Video clips
- Non-LST Handouts
- Activities you created or obtained from another program or on the internet
- Information from other textbooks
- Other: _____

Please check below any other modifications made to the LST curriculum:

- Omitted core lessons
- Taught lessons out of order
- Integrated lessons from other curricula
- Omitted activities from lessons
- Shortened lessons
- Lengthened lessons
- Other: _____

Student Responsiveness

Overall, how would you rate student behavior during LST sessions?

	Poor	Fair	Good	Very Good	Excellent
LST HS					

Did students seem bored by any lessons or activities?

LST HS: No Yes

If yes, please check which lessons they found boring and explain why.

LST HS

Why boring?

- The Value of Good Health
- Decision-Making for Health
- Risk-Taking and Substance Abuse
- The Media and Health
- Managing Stress, Anger, and Other Emotions
- Family Communications
- Healthy Relationships

What percent of students were actively engaged in LST lessons that you taught?

LST HS: _____%

Please describe any changes in students' behaviors and attitudes that you may attribute to LST:

Overall, how culturally relevant to your students were the LST lessons, activities, and behavioral rehearsals:

	Poor	Fair	Good	Very Good	Excellent
LST Lessons					
LST Activities					
LST Behavioral Rehearsals					

Please list any suggestions you may have for improving the cultural relevance of LST.

Other Information

Was the LST Training you received adequate to help you implement the program effectively?

Very Inadequate		Somewhat Adequate		Very Adequate
1	2	3	4	5

What additional training/technical assistance (TA) would have been helpful in implementing LST? Please mark all that apply.

- More trainer modeling of lessons/activities during training/TA
- More teacher practice of lessons/activities during training/TA
- More hands-on activities to engage students
- More incorporation of technology in lessons (PowerPoints, Smartboards, electronic student guide, etc.)
- Follow-up training/TA session/Refresher training
- Other: _____

Please check any major problems that you encountered when implementing LST. Mark all that apply.

- Class too large
- Inadequate or lack of classroom facility
- Classroom management during/after interactive activities
- Difficulty completing lessons in a class period
- Scheduling/Time to teach entire LST curriculum
- Lack of administrator support
- Other: _____

How did you address these problems?

Would you recommend this program to other teachers?

- No Yes

If no, please describe why you would not recommend the curriculum to others:

What is your overall rating of the LST program in the following areas?

	Poor	Fair	Good	Very Good	Excellent
Time Required to Implement LST					
Ease of Implementation					
Quality of Materials					
Training					
Program Flexibility					
Overall Rating					

Please list any other comments/suggestions regarding the LST curriculum/program.

Please list any comments/suggestions regarding your current CU Boulder grant implementation coordinator (representative at the University of Colorado).

Do students in your class have a need for materials in a language other than English?

- No Yes

You indicated that your students have a need for materials in a language other than English.
Which languages?

How many students are negatively impacted by English-only LST resources?
(Please enter your best estimate.) # of students impacted: _____

What do you or other teachers in your school do to meet these students' language needs in LST or other classes?

These next questions are about you and your job. Please check or write in your best answer to each question.

1. What subject(s) do you primarily teach?

- | | |
|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Health/Physical Education | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Arts/Theater/Music |
| <input type="checkbox"/> Math/Computer Science | <input type="checkbox"/> Natural Sciences |
| <input type="checkbox"/> Guidance/School Counseling | <input type="checkbox"/> Other: _____ |

2. What is your average LST class size? Students

3. How many years of classroom teaching experience do you have (including this year)? Years

4. What is the highest degree you have attained?

- | | |
|---------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Masters Degree/Masters+30 |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Ed.S. (Educational Specialist) |
| <input type="checkbox"/> Bachelors Degree | <input type="checkbox"/> Ph.D./Ed.D. |
| <input type="checkbox"/> Other: _____ | |

5. What is your gender? **Male** **Female** **Non-Binary** **Prefer not to answer**

6. What is your race/ethnicity (check all that apply)?

- | | |
|--------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> White/Anglo, Caucasian | <input type="checkbox"/> American Indian/Native American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prefer not to answer | |

7. What is your age? Under 20 **50-59**
 20-29 **60-69**
 30-39 **70-79**
 40-49 **80 or older**

Please provide your name, address and gift card preference below to ensure the \$30 gift card is mailed directly to you. Your personal information will be kept private and will never be associated with feedback data. We plan to begin sending electronic gift cards, so while we are transitioning, please provide your email as well.

First & Last Name

Street Address

City, State

Zip Code

Email Address: -----

Thank you for completing the LifeSkills Training (LST) Teacher Feedback questionnaire. Your comments are invaluable in our understanding of implementation successes and barriers. We greatly appreciate your time and attention.

*Please return completed form to your CU Boulder Implementation Coordinator
Prevention Science Program, 483 UCB, Boulder, CO 80309
303-492-2151 Fax*