

I.C. HOPE® Story Time
K-6 Mental Health Curriculum
Evaluation Form

Story: _____
Date _____ **Teacher Name** _____

8. Please rate the following statements using a 4 point scale.
1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

	Rating
There is a need for mental health programming in schools.	
I found the information provided easy to understand.	
I found the curriculum easy to teach.	
The information in this program increased my knowledge of Mental Illness.	
I will continue to use this curriculum in my class.	
I would support the use of this curriculum in all South Carolina schools.	
I found the language level appropriate for my classes.	
I found the activity level appropriate for my classes.	

9. Suggestions for improvement:

10. Additional comments:

Please mail completed evaluation form to:
 Mental Health America of South Carolina
 1823 Gadsden Street
 Columbia, SC 29201
 1-866-929-6145

I.C. HOPE[®] Story Time
K-6 Mental Health Curriculum
Evaluation Form

Date: _____
of students per class:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Story: _____

DATE _____ TEACHER NAME _____

INSTRUCTIONS: Please complete the following evaluation form after teaching each module and return it along with all student evaluation forms as soon as possible. Thanks!

1. Name of school: _____
2. County: _____ City: _____
3. What class was story time used in? _____
4. How many students were taught this lesson? _____
5. As a result of participation in this program, I believe my students know more about this subject. Yes No
6. Please rate the following components using a scale of 1 to 5.
1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

	Rating on a scale of 1 - 5	Comments
Overall activity information		
Art Activity		
Community Resources Available		

7. Have other lessons been taught in your class using the curriculum?

Yes No

If yes, which ones: