

Life's A Kick Curriculum Feedback Form

Reviewer's name (optional):	Date of review:
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Name of *Life's A Kick* session reviewed:

Description of reviewer: (Check all that apply)

Parent	Out-of-School Staff Member	Administrator	Volunteer
4-H Youth Staff	Classroom Teacher (grade: ___)	Other (please specify):	

Description of setting: (Check all that apply)

Afterschool program	Camp (summer or day)
Club (4-H, Girl or Boy Scouts, Campfire)	In school classroom
Recreation program	Other (please specify):

Ages of youth participants: (Check all that apply)

7 or above	8 to 10	11 to 12	13 to 14	15 or above
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Directions: Please use this form to review a session of the Life's A Kick curriculum. Mark whether you strongly agree (SA), agree (A), disagree (D) or strongly disagree (SD) with each statement about curriculum. If you indicate that you disagree or strongly disagree with a statement, please explain your response at the bottom or on the back of this form. Your written comments will be very helpful.	SD	D	A	SA
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| 1. The title of the session was catchy. | | | | |
| 2. The titles of the activities are catchy. | | | | |
| 3. The objectives of the activities were clear. | | | | |
| 4. The time allowed for each of the activities in the session was appropriate. | | | | |
| 5. The activity descriptions were complete, well organized, easy to understand and required a minimum of preparation to carry out. | | | | |
| 6. The supplies and materials for the activities in this session are readily available. | | | | |
| 7. The activity was appropriate for my group. | | | | |
| 8. The content is fun and children would enjoy doing it. | | | | |
| 9. The activity appeared to accomplish what it set out to do. | | | | |

10. What indicated to you that the goals of the session were accomplished?

11. Which of the following life skills were addressed in this unit?

Communication skills	Healthy life style choices	Teamwork skills
Decision-making	Tobacco prevention information	Other
Disease prevention	Problem-solving	

12. Any other comments or suggestions about the session:

To mail or fax your completed feedback form, send to:
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 Fax: 517/355-6748