



BOTVIN'S EL LIFE SKILLS -POST SURVEY

Facilitator _____ Location _____ Date _____

My First Name Initial _____ My Last Name Initial _____

Please answer the questions below about how you feel *right now*. There are no right or wrong answers. We want to know what you *truly* think.

Statement	True	False
1. I understand how to change negative thoughts to positive ones.	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoking makes people my age look cool.	<input type="checkbox"/>	<input type="checkbox"/>
3. Commercials always tell the truth.	<input type="checkbox"/>	<input type="checkbox"/>
4. There are things I can do to not feel so stressed. Name one thing that you do _____	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how to use the three steps to make choices.	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel like this program helped me learn about nonverbal communication and how to "read" someone's body language.	<input type="checkbox"/>	<input type="checkbox"/>
7. I learned ways to solve problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>
8. I learned ways to say no to activities that aren't good for me.	<input type="checkbox"/>	<input type="checkbox"/>
	Agree	Disagree
9. I learned new skills that will help me communicate (both talk and listen) with my teachers, family, and with my friends.	<input type="checkbox"/>	<input type="checkbox"/>
10. Now that I have finished this program, one of my goals is to never smoke cigarettes, vape or use drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about Botvin Life Skills? _____

What could be improved about the classes? _____