

Peer Facilitator's Class Schedule

Please write your schedule in the form below, and put a ☆ next to electives or any classes you would feel comfortable missing. No core content classes, please!

Name: _____

School: _____ Grade: _____

Were you a RELATE peer facilitator last year? _____

Block	Class	☆ ?	Teacher

Attendance Sheet

Facilitators: _____

Group: _____

Name:	Code from survey:	Date	Date	Date	Date	Date
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
21)						
22)						
23)						
24)						
25)						
26)						
27)						
28)						





Participant's Information Sheet

First we need to have a code number for you so we can match this information with the surveys that you will be completing later for the RELATE evaluation. You will not be putting your name on any of the questionnaires, so no one knows how you answered except for you.

Code Number

Your Last Name Initial	Birth Month (Circle One)	Your Mother's First Name Initial
	Jan Feb Mar April May June July Aug Sept Oct Nov Dec	

- My grade in school is: (Circle One)
6th 7th 8th 9th 10th 11th 12th
- How do you describe yourself?
 - American Indian
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other _____
- What is your gender? a. Female b. Male
- How old are you? ____ Years
- Have you ever participated in a prevention program? (For example, peer conflict resolution, substance abuse prevention, bullying prevention)

Please provide us with some basic information about yourself.

- Do you currently have a boyfriend or a girlfriend? __ Yes __ No
If so, how long have you been dating?
____never had a relationship ____less than one month ____1-2 months ____3-5 months ____6 or more months
- How long was your longest relationship with a boyfriend or a girlfriend?
____never had a relationship ____less than one month ____1-2 months ____3-5 months ____6 or more months

Do you know anyone who has experienced...

- Dating abuse? __ Yes __ No
- Spousal abuse (abuse between a husband and wife)? __ Yes __ No
- Sexual Assault? __ Yes __ No
- Sexual harassment? __ Yes __ No
- Peer Violence? __ Yes __ No



Pre-Survey Questionnaire

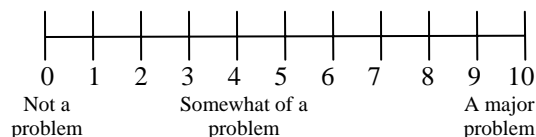
Please provide us with your code number. You will not be putting your name on the questionnaire, so no one will know how you answered except you.

Code Number

Your Last Name Initial	Birth Month (Circle One)	Your Mother's First Name Initial
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A. How would you define sexual violence?

B. How big of a problem do you think sexual violence is in your community? **Circle ONE number on the scale.**



C. Circle your answer for questions 1 through 4.

- | | Circle One. | |
|---|--------------------|-------|
| | True | False |
| 1. One of the best ways to stop sexual harassment is to simply ignore the harasser..... | True | False |
| 2. Most rapes are committed by a person who the victim doesn't know..... | True | False |
| 3. Date and acquaintance rape victims are most often teenagers..... | True | False |
| 4. Something is sexual harassment if the receiver of the behavior thinks it is sexual harassment... | True | False |

D. How strongly do you agree or disagree with the following statements?

Circle one number for each item.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. It's not possible for a girl to be sexually violent toward a boy.	1	2	3	4	5
2. If a girl gets a guy sexually excited, then it is not rape if he forces her to have sex with him.	1	2	3	4	5
3. Forced sexual activity is not a crime if two people have been dating for a long time and have had sex many times before.	1	2	3	4	5
4. It's not possible for a girl to be raped by her boyfriend.	1	2	3	4	5



Pre-Survey Questionnaire

E. Please check your response for questions 1 & 2.

1. If you felt that your boyfriend/girlfriend was being sexually violent towards you would you try to talk about it with...

a friend your age? ____ Yes ____ No an adult? ____ Yes ____ No

2. If you acted sexually violent towards your boyfriend/girlfriend would you try to talk to about it with...

a friend your age? ____ Yes ____ No an adult? ____ Yes ____ No

F. Read each statement and circle your answer for the **TWO questions** that follow it.

	Would you feel uncomfortable if someone did this to you?		Is this sexual harassment?		
	Yes	No	Yes	Could Be	No
1. A boy tells a dirty joke to a group of both boys and girls. Some of the girls laugh.					
2. Someone forces his/her boyfriend/girlfriend to have sex.					
3. Someone insists that his or her boyfriend/girlfriend dress in a more sexual way than he/she wants to.					
4. Someone insists on unwanted touching with his/her boyfriend/girlfriend.					
5. Someone continually asks another student on a date even though the other student has made it clear that he/she is annoyed and not interested in going out.					
6. Someone writes crude graffiti in the girl's bathroom describing a student's physical assets.					
7. Someone makes obscene gestures at another student.					
8. A student pinches another student on the rear-end as they're leaving math class.					

G. How strongly do you agree or disagree with the following statements?

Circle ONE number for each item.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
It is a warning sign for abuse if your dating partner....					
1. Purposefully damages something that belongs to you.	1	2	3	4	5
2. Says things to hurt your feelings on purpose.	1	2	3	4	5
3. Makes you describe where you are every minute of the day.	1	2	3	4	5
4. Tells you not to talk to someone of the opposite sex.	1	2	3	4	5
5. Starts to hit you, but stops.	1	2	3	5	5



Pre-Survey Questionnaire

H. For the next 3 questions, imagine that you are out at a party with Jordan, who is someone who your best-friend introduced you to the weekend before. All of your friends seem to like Jordan a lot.

1. The party is crowded, and Jordan stands very close to you as you talk, occasionally brushing a hand against your body. You're not sure if Jordan means to be touching you this way, but it makes you uncomfortable.

What would you probably do if this happened to you? Circle ALL THAT APPLY.

- a. Nothing, continue talking.
 - b. Try to avoid eye contact with Jordan and become quiet.
 - c. Tell Jordan that you are uncomfortable with the way that he/she is touching you.
 - d. Yell at Jordan and stomp away.
 - e. Push Jordan and stomp away.
2. Jordan notices that you seem uncomfortable, and asks why you're being so uptight. Suggesting that you should loosen up and have some fun, Jordan begins to dance very close to you in a way that makes you feel even more uncomfortable.

What would you probably do if this happened to you? Circle ALL THAT APPLY.

- a. Apologize and try to act more at ease.
 - b. Make light of the situation and try to act more at ease.
 - c. Tell Jordan that you are not comfortable with the way that he/she is dancing with you.
 - d. Yell at Jordan and stomp away.
 - e. Push Jordan and stomp away.
3. You move a few steps back from Jordan, hoping that he/she will give you some space. Instead Jordan puts his/her arm around you and says that it's too crowded and the two of you should go upstairs together where you can be alone.

What would you probably do if this happened to you? Circle ALL THAT APPLY.

- a. Go upstairs.
- b. Tell Jordan that the two of you can go upstairs together later.
- c. Tell Jordan that you don't want to go upstairs.
- d. Yell at Jordan and stomp away.
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Thank you for completing this survey!!!



Post-Survey Questionnaire

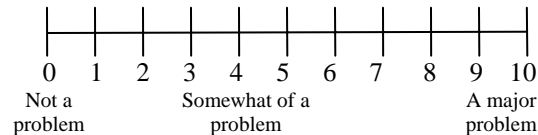
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| 1. One of the best ways to stop sexual harassment is to simply ignore the harasser..... | True | False |
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Thank you for completing this survey!!!

Peer Facilitator Debriefing Form

Peer Facilitator Name _____

Filled out by the RELATE Coordinator:

One thing I observed that you did well today was _____

_____.

I really liked the way you handled _____

_____.

I noticed you used your facilitation skills when you _____

_____.

One growth edge is _____

_____.

Be sure you remember to _____

_____.

Filled out by the Peer Facilitator:

What was the best part of today's session?

What was a challenge you faced today?

What would you do differently?

What do you need from me?

