



Lions Quest



PLEASE PRINT

Workshop Length (Choose One): ___ 2 Days ___ 3 Days

Participant Name: _____ Email Address: _____

Workshop Name: _____

Date: ___/___/___ Facilitator's Name: _____

Location: _____
CITY STATE or PROVINCE COUNTRY

Grade level(s) at which you teach: (Circle all that apply) K 1 2 3 4 5 6 7 8 9 10 11 12 College None

Capacity: (Check One) ___ Teacher ___ Principal ___ Counselor ___ Lion ___ County or Central Office
___ School based support staff (library, nurse, aide, etc.) ___ Community Resource Person ___ Other

A. About the Materials:	
1. I found the topics and materials relevant with current issues facing youth.	<input type="radio"/> Yes <input type="radio"/> No
2. If No, why?	
3. What topics are not covered by Lions Quest that you feel are missing from a comprehensive life skills course?	<input type="radio"/> Healthy Eating <input type="radio"/> Personal Safety <input type="radio"/> HIV/AIDS <input type="radio"/> Other _____
4. Do you feel the teacher's materials are in a useful format (individual books) or would you prefer a binder format?	<input type="radio"/> Individual Books <input type="radio"/> Binder <input type="radio"/> Doesn't matter
5. How do you think students will react to the materials?	<input type="radio"/> Favorably <input type="radio"/> Neutral <input type="radio"/> Unfavorably
6. Are the materials age appropriate?	<input type="radio"/> Too simple <input type="radio"/> Appropriate <input type="radio"/> Too Advanced
7. Would you prefer teacher materials to be online?	<input type="radio"/> No, easier to have books/binder <input type="radio"/> Yes, but only supplement materials <input type="radio"/> Yes, all materials should be online
8. Would you prefer student materials to be online (purchased through a site license)?	<input type="radio"/> Yes <input type="radio"/> No
B. About the Implementation:	
1. Do you foresee any barriers to implementing Lions Quest in your classroom?	<input type="radio"/> No <input type="radio"/> Yes-Admin Support <input type="radio"/> Yes-Time <input type="radio"/> Yes-Ability to integrate into the class <input type="radio"/> Yes-Funding <input type="radio"/> Yes, Other _____
2. What classroom setting will the Lions Quest curriculum be taught in your school/center?	<input type="radio"/> Classroom <input type="radio"/> ESL <input type="radio"/> After School <input type="radio"/> Other _____
3. Are you familiar with your local Lions Club?	<input type="radio"/> Yes <input type="radio"/> No
4. Would you like more information?	<input type="radio"/> Yes <input type="radio"/> No
C. Other Comments:	
1. What topics are of specific interest at your school (can check more than one)?	<input type="radio"/> Civic Education <input type="radio"/> Bullying/cyber bullying <input type="radio"/> Social and Emotional Learning <input type="radio"/> Conflict Resolution <input type="radio"/> Mentoring <input type="radio"/> Differentiated Instruction <input type="radio"/> Service Learning <input type="radio"/> Tolerance/Integration <input type="radio"/> Character Education/Values <input type="radio"/> Obesity/ Nutrition <input type="radio"/> Consumer Education <input type="radio"/> Sex Ed/Dating/HIV-AIDS/STDs <input type="radio"/> Methamphetamines and/or Prescription Drugs <input type="radio"/> Other: _____
2. How would you prefer to hear about Lions Quest and their programs?	<input type="radio"/> Online <input type="radio"/> Mail <input type="radio"/> Phone <input type="radio"/> Email