

INCLUDING SAMUEL

EVALUATION FORM

film screening and discussion

1. Which of the following **best** describes you? **Choose all that apply.**

- STUDENT Family member of a person with a disability Teacher or paraprofessional
 Person with a disability / self advocate Administrator Other _____

2. Please indicate how satisfied you are OVERALL with this Including Samuel event. **Choose one only.**

- Not Satisfied At All Somewhat Satisfied Satisfied Highly Satisfied

3-8: Please indicate to what extent you agree or disagree with each of the following statements.

Circle one number only. Or, if the statement is not applicable, choose **"N/A"**.

Scale: 1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | |
|---|-------------------|----------|----------------------------|-------|----------------|-----|
| 3. The facilitator communicated information effectively. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. I have a more clear understanding of inclusion. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. I have a more clear understanding of disability rights. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. After the film and discussion, I am more likely to view disability as a part of diversity, like ethnicity or gender. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. After the film and discussion, I am likely to take some action to support inclusion or disability rights. | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- If agree, what type of action? | | | | | | |
| 8. Do you think inclusion is working well in your school? | 1 | 2 | 3 | 4 | 5 | N/A |
| ----- If so, why? If not, what could make it work better? | | | | | | |

PLEASE WRITE ADDITIONAL COMMENTS on the reverse side of paper

