



Headlines of Hate Post-Program Evaluation

Student ID: Sample

School: _____ Grade: Date: / /
MM/DD/YYYY

Instructions: Please read each sentence and *fill in* the box that best describes what you have been feeling/experiencing **since the presentation from RESPECT**. There are no wrong answers. Please work carefully and do not skip any sentences. If you need to change your answer, mark an X through the incorrect answer and *fill in* the correct answer.

Since the presentation from RESPECT:	Never	Rarely	Some- times	Often	Always
1. I saw other students being hurt or physically bullied by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt hopeful that I could talk to an adult about any bullying I saw.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I tried to keep others out of the group because I don't like them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I posted hurtful information about another student on the internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I saw students get bullied for being gay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I saw students use the internet to spread gossip or lies about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that I could count on someone at school to help me if I was the target of aggression or bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People used gay slurs to bully or tease me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I saw students at my school treated unfairly because of their religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt safe talking to a teacher or school employee about any bullying I'd seen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I called other students bad names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I saw students who were bullying someone because of the color of their skin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I spoke badly about others behind their backs to hurt them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt confident that I could recognize and respond to any bullying I saw.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I believed that if I told a school staff member about any aggression or bullying that's happening, they would do something about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student ID: _____

Since the presentation from Respect:	Never	Rarely	Some-times	Often	Always
16. Students at my school tried to stop bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I saw students at my school call others mean things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I hit, pushed, or shoved people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I saw racist behavior from students at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Students used the internet to bully or hurt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I knew what to do if I saw or experienced bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I was called bad names by others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Our teachers tried to prevent bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I threatened to hurt or hit someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Kids in my school spread rumors about other kids to hurt their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For these questions, circle a number based on the program based on the following scale:					
	1	2	3	4	5
A. I enjoyed learning with the RESPECT program through educational theater.					
B. I learned some new things about how to help myself.					
C. I learned some new things about how to help my friends.					
D. I plan to use some of the new things I learned as soon as I can.					
E. One thing I plan to use is:					