

OVSA Schools Programme Evaluation Life Skills Project (Grade 8) - Learner Survey

Please take a few minutes and fill in the evaluation form. Please note that whatever information you provide to OneVoice South Africa (OVSA) is confidential. It is way of helping OVSA to improve its programme and projects.

PLEASE FILL IN THE BELOW		
Name of the Facilitator		
Gender of learner		
Age of learner		
Name of the School		
Grade/Class		
SECTION I: Ger	neral feedback (Evaluating the OVSA Schools Programme)	
NB: For the Yes or No option:	s, please use a cross ⊠ to indicate your choice.	
1. How did you feel about the topics covered in the OVSA pragramme?		
•••••		
••••		
2. Did you find it useful to be part of the OVSA programme? Yes or No Why?		
•••••		
3. Did you learn anything new from this programme? ☐ Yes or ☐ No		
If yes, which topic was this	?	
Did you receive enough info	ormation on this topic? 🗌 Yes or 🔲 No	
If No, what do you think we	ould be the best way in which this information may be delivered to you?	
e.g. in a Fact Sheet, or in t	the Learner Notebook?	
••••••		
•••••		
•	shared with you by OVSA help you to influence and/or change your	
attitude/behaviour? How?		
•••••		
•••••		
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5.	Did you enjoy our learning methods (games, activities etc.) and how do you think these may be improved?
6.	Did you understand the language that was used by your Facilitator/Coach during sessions?
	If your answer is No , which language do you think you would understand better?
	SECTION II: Evaluating your school and community
7.	What are the challenges that young people face in your school and broader school community?
8.	What do you think can be done to address these challenges?
9.	Who in your school and community can help you address these challenges?
10.	Are there any other recommendations/suggestions you can give us to improve the implementation of our programme?