



END OF YEAR ASSESSMENT FORM 2011-2012



School Name \_\_\_\_\_

School Coalition Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Please answer the following questions.

I. IMPLEMENTATION

A. Please describe your approach to implementing No Place for Hate® this school year. Did you have specific objectives for this year and were they met?

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B. Did you experience any obstacles in implementing the program?

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C. Do you feel the student body understood the "message" of the program? How was this message communicated? How "visible" was the program in your school?

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II. LEVEL OF ENGAGEMENT

F. How involved were students in the program and its projects? How about the No Place for Hate® coalition?

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\_\_\_\_\_

G. Please describe any involvement by parents and the greater community. Were parents notified about the program? Did parents or community members participate in your committee and/or individual projects?

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**III. REFLECTIONS AND LOOKING AHEAD**

F. Please describe any projects or guest speakers you found to be particularly effective and would recommend to other schools.

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G. Recognizing that change takes time, did you notice any positive change(s) in your overall school climate? How does this year compare to last year (for schools that have been in the program for more than one year)?

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H. Was the Anti-Defamation League helpful to you in the process toward designation? How can ADL improve its efforts to be a resource and guide to your school?

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I. What did you learn while implementing the program this year? What will you change/improve upon next year?

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**Thank you for completing this form. Please return to ADL via the information below. Your feedback enables us to improve the program. We will review and provide feedback if necessary.**