APPENDIX J:
HIV/AIDS Curriculum Feedback

Date: _____ School: _____

Name: _____

Title/Position: _____ What grade(s) do you teach?_____

Email: _____ Phone: _____

The Office of School Wellness Programs is preparing to further revise the curriculum . We welcome your specific feedback, comments, and recommendations. Thank you for taking the time to respond.

Please return this form to:

New York City Department of Education
Office of School Wellness Programs
52 Chambers Street, Room 209
New York, New York 10007

or email wellness@schools.nyc.gov

1. Were you able to teach all lessons for your grade? If not, which lesson were skipped and why?

   _____

   _____

   _____

2. Did you modify the lessons in any way?

   ☐ Yes ☐ No ☐ Not Sure

   If so, which lessons were changed, why were they changed, and how were they changed?

   _____

   _____

   _____

   _____

3. What do you consider to be this curriculum's overall strengths?

   Explain: _____

   _____

   _____

4. What do you consider to be this curriculum's overall weaknesses?

   Explain: _____

   _____

   _____

5. Is there sufficient emphasis on health education skills (e.g., communication, decision making, planning and goal setting, self management, stress management, relationship management, and advocacy)?
   ☐ Yes ☐ No ☐ Not Sure

   Explain: _____

   _____

   _____

6. What specific changes would improve the curriculum?
   Changes to
   - format/organization. Please specify: _____
   - graphics. Please specify: _____
   - activities. Please specify: _____
   - integrate with website. Please specify: _____
   - materials. Please specify: _____
   - training on how to use the curriculum: _____
   - a specific lesson or section of the curriculum (please specify): _____

7. What DOE support would help you improve your implementation of the *HIV/AIDS Curriculum*?
   - Professional development. Please explain. _____
   - Assistance with scheduling. Please explain. _____
   - Assistance with differentiated instruction. Please explain. _____

     _____
   - Assistance with making lessons LGBTQ inclusive. Please explain. _____

     _____
   - Assitance with adapting lessons to meet the cognitive and linguistic needs of my students. Please explain. _____
   - Other _____

8. Would you be interested in participating in an advisory committee? If so, please send an email to wellness@schools.nyc.gov.
9. Any other comments? Please describe here or send email to wellness@schools.nyc.gov.

Thank you!
We appreciate your feedback.