

LOS ANGELES UNIFIED SCHOOL DISTRICT
Health Education Programs
HIV/AIDS Prevention Unit

POSITIVELY SPEAKING
Speaker Verification Form

This is to verify _____
(Name of Speaker)

has rendered _____ Positively Speaking presentations at
(Number of Presentations)

_____ according to the agreement with the
(School)

Health Education Program HIV/AIDS Prevention Unit on _____
(Date)

Name of Teacher

Signature

FAX TO (213) 241-6956
Nancy Ramos - Office (213) 241-3518

Teacher Evaluation continued;

6. The presenter was able to effectively discuss his/her emotions regarding living with HIV or AIDS and use those emotions to positively impact student's attitudes about HIV/AIDS.

4 3 2 1 NA

Comment: _____

7. How would you express the overall reaction from your students to the speaker's presentation?

8. What was your response/reaction to the speaker's presentation?

9. At what point in the Positive Prevention Curriculum were your students at when they heard the Positively Speaking presentation?

10. How are you going to follow-up the PS speaker's presentation with your students?

11. Would you request Positively Speaking again for your students?

THANK YOU FOR YOUR TIME!

Suggestions or comments may be directed to Nancy Ramos, Positively Speaking Coordinator at (213) 241-3518 or nancy.ramos@lausd.net

TEACHER INFORMATION:

Name

Date

Signature

Contact Phone

FAX TO: (213) 241-6956
Nancy Ramos - Office: (213) 241-3518