Safe Bar Facilitator Report

Thank you for facilitating Safe Bar!

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

Facilitator name:
Facilitator contact information (phone number or email):
Facilitator job title:
Date of program session:
Name of county where program session took place:
Name of bar or site where program session took place:

Name of bar(s) who participated in program session:	
How many years have you work in the field of sexual violence prevention?	
How many years have you facilitated this specific program?	
How old are you?	
O 17 or younger	
O 18-24	
O 25-34	
35-44	
O 45-54	
O 55-64	
○ 65 or older	

What best describes you?	
O Man	
O Woman	
O Non-binary, gender fluid, or gender nonconforming	
Other gender identity	
O Prefer not to answer	
What best describes you? Check all that apply.	
Asian	
Black/African American	
Hispanic/Latinx	
Native American/Alaska Native	
Native Hawaiian/Pacific Islander	
White	
Other racial/ethnic identity	
Prefer not to answer	

What is your highest level of education?
O High School Diploma
○ Some college
Bachelor's Degree
○ Some graduate school
Graduate Degree
Other
Which of the following topics did you cover in this session?
Sexual Aggression in Nightlife
Microaggressions and Discrimination
Alcohol, Victimization, and Victim Blaming
Alcohol and Consent
Serving Establishments and Prevention
Cultivating a Safe Environment
Bystander Intervention
For any topics you did not cover list those topics and describe the reasons you did not cover them.?

If you made any modifications to the topics, list those topics and describe the modifications.
Which of the following activities did you complete in this session?
Scenario 1: Distract the Aggressor
Scenario 2: Direct the Target
Scenario 3: Direct the Target and the Aggressor
Scenario 4: Response
For any activities you did not complete, list those activities, and describe the reasons you did not complete them.
If you made any modifications to the activities, list those activities, and describe the modifications.

	Safe Bar Collective Handout	
	Posters Promoting Safety, Support, and Resources	
	ny resources you did not distribute, list those resources, and describe the reasons you did not bute them.	
lf you	made any modifications to the resources, list those resources, and describe the modifications.	
Thank you for completing the survey.		
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