



TEACHER EVALUATION

Teacher's Name: _____

School: _____

City/Town: _____

Territory: _____

Phone (w): _____

Email (w): _____



1. I have completed approximately how many Smoke Screening programs:
1 - 3 3 - 6 all 8
2. Smoke Screening 8 was well received by participating youth:
Strongly Agree Agree Disagree Strongly Disagree
3. Youth gained valuable information about the harmful effects of tobacco use:
Strongly Agree Agree Disagree Strongly Disagree
4. The Smoke Screening draw prizes were suitable:
Yes No If no, what would be better: _____

5. I read the Additional Resource before/during my Smoke Screening session:
Yes No
6. If yes, I found the Additional Resource to be:
Not very useful Quite useful Extremely useful
7. I would like to do a similar program again next year:
Yes No Depends: _____
8. To improve the Smoke Screening program I suggest: _____

9. My class is planning on participating in the Get Reel ad competition.
Yes No If no, why: _____

See reverse for return address. Your feedback is very valuable, Thank you!