

Tar Wars School Evaluation

Our grant funding is dependent on the information from these evaluations.

THANKS in advance for your help—we value your input!

Name of School _____ Presentation date _____

Teacher's Name _____

Name of Tar Wars Presenter _____

1. How would you rate your presenter's ability to engage your students:

Excellent Good Fair Poor

Comments: _____

2. How effective do you think the Tar Wars program is in motivating students to be tobacco-free?

Very Effective Effective Not very effective Don't know

Comments: _____

3. Were the materials provided useful?

Very useful Somewhat useful Not useful

Comments: _____

4. Do you have any suggestions for improving the program or the materials you received?

5. Is your school participating in the poster contest? Yes No

If "No"—please tell us why _____

6. Will your school be participating in the Tar Wars Program next year? Yes No

Please return this form in the pre-addressed envelope provided by your presenter.

THANK YOU!