

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. Did your presenter provide any Tar Wars handouts for the students?

Yes No

Comments: _____

4. Do you have any suggestions for improving the Tar Wars program?

5.

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

If "No"—please tell us why _____

7. 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!