

Teacher: \_\_\_\_\_ Class Period: \_\_\_\_\_

## Class Evaluation

Thank you for your participation in the Prevention Education Series. Please fill out the following evaluation form. Do not put your name on it. Feel free to be honest and tell me what you liked best about the program and what you did not like.

	<i>Agree</i>				<i>Disagree</i>
This program was well organized.....5	4	3	2	1	
I enjoyed the group discussions....5	4	3	2	1	
This program improved my understanding of the dangers of drinking and using drugs.....5	4	3	2	1	
I enjoyed the program activities.....5	4	3	2	1	
The program taught me skills I plan on using in the future .....5	4	3	2	1	

	<i>Excellent</i>				<i>Poor</i>
Overall rating of program	⑤	④	③	②	①

My favorite topic/activity was: \_\_\_\_\_

What was the most valuable thing you learned from this program?

How could this program be improved?

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**I would like to talk to you. My free periods are:**

\_\_\_\_\_

**Name:** \_\_\_\_\_