

SMOKESCREENING 6 TEACHER'S EVALUATION



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I have completed Smoke Screening programs in these years:

2003 2004 2005 2006 2007 2008

Smoke Screening 6 was well received by participating youth:

Strongly Agree Agree Disagree Strongly Disagree

I think Smoke Screening 6 is an excellent way to interact with students about tobacco use:

Strongly Agree Agree Disagree Strongly Disagree

Smoke Screening 6 could impact youth's decision whether or not to smoke or to quit smoking:

Strongly Agree Agree Disagree Strongly Disagree

Youth gained much valuable information about the harmful effects of tobacco use:

Strongly Agree Agree Disagree Strongly Disagree

I read the Additional Resource before/during my Smoke Screening session: Yes No

If yes, I found the Additional Resource to be:

Very Helpful Helpful Not Helpful

I would like do a similar program again next year: Yes No

To improve the Smoke Screening Program I suggest:

Any additional comments:

Name: _____

School: _____

City/Town: _____

Territory: _____

Phone (w): _____

Email (w): _____

Teacher's Gift Package preference: Elementary Secondary

**WIN
A GIFT
PACKAGE**

Please return this evaluation with the Smoke Screening Selection Ballots. One teacher from each region will also be awarded a Teacher's Gift Package simply for taking the time to complete this form.

**Your feedback
is very valuable.
Thank you!**