

THE RESPECT PROGRAM

Thank you for supporting The Respect Program. Your opinion on the program is greatly appreciated and needed for us to improve or make changes in the future. Please take a minute to circle "Yes or No" on the form based on your experience with The Respect Program. This form can be handed back to a Respect Program staff member or sent to the contact information below.

Presentation

1. Was the program age appropriate? Yes No
(Ex: Was the structure of the program relevant to your third through fifth grade students?
Was the material presented in a way that captured the attention of the students?)
2. Was the presentation length appropriate? Yes No
3. Was the information presented informative? Yes No
(Ex: Was the information relevant to the curriculum standards required by your school?
Did the students learn information that they will be able to use in their everyday lives?)
4. Was program's purpose clear and concise? Yes No
5. Did the presenter manage time well? Yes No
(Was the amount of time dedicated to each section appropriate?
Did the presentation seem rushed or was there lag time?)
6. Was the program well organized? Yes No

Materials

1. Were materials age appropriate? Yes No
2. Was level of activities in booklet of interest to your students? Yes No
3. Did the power point support the presentation? Yes No

Overall

1. Would you recommend this presentation to other schools in your district or surrounding area? Yes No
2. Do you feel that this program delivered the right message to the students? Yes No
3. Presentation overall? Yes No
4. Do you see this program being part of your school's curriculum every year, or every other year? Yes No
5. Would you change, add or subtract anything from the program? Yes No
If Yes, explain _____
6. Please feel free to add any other comments or suggestions in the space _____

Please mail or fax forms to Education Dept.

J.P. Mascaro & Sons
Phone: 267-933-6176
Education/ Communication Coordinator
Fax: 267-933-6177
2650 Audubon Rd.
Audubon, Pa 19403

Name of School: _____

Name of Teacher: _____

Grade: _____

Each teacher who submits an evaluation will have their name entered into a raffle drawing to win a gift certificate to an educational supply store.