

*****WHACK the Flu Skit*****
TEACHER EVALUATION FORM

Please take a few moments to complete the following evaluation form and return it to the Missouri Department of Health and Senior Services at the address provided below. Your comments will enable our department and your local public health agency to better plan future programs. Thank you.

School/Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Teacher's Name: _____

Teacher's E-mail Address: _____

Grade(s) skit was presented to (circle): K 1 2 3 4 5

Grade of skit presenters (circle): 5 6 7 High School Adult Other

PLEASE CIRCLE THE RATING THAT MOST ACCURATELY REFLECTS YOUR OPINION.

1. The WHACK the Flu skit presentation held my students' attention (circle):

Not at all 1 2 3 4 5 To a great extent

Comments:

2. The information provided in the WHACK the Flu skit will be useful to my students (circle):

Not useful 1 2 3 4 5 Very useful

Comments:

3. We plan to follow-up the WHACK the Flu skit with handwashing/germ prevention lessons (check one):

☐ Yes ☐ No ☐ Other _____

4. What other WHACK the Flu campaign materials did you use (check all):

☐ Classroom Poster ☐ Activity Booklet ☐ Spanish Skit or Poster ☐ Other _____

5. Additional comments, observations, ideas, etc:

THANK YOU!

Please fax the completed evaluation form to 573-526-0235 or fold in half and mail to:

Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
Section for Disease Control and Environmental Epidemiology
930 Wildwood, P.O. Box 570
Jefferson City, MO 65102-0570

If you have questions, please contact Alyce Turner at Alyce.Turner@health.mo.gov.

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