



Stay Safe in the Sun



PROGRAM EVALUATION FORM

Date: _____

Site: _____

Conducted by: _____

Title [circle]: School Nurse Teacher Librarian Lifeguard Camp Counselor

Group Leader Other: _____ [specify please]

	Strongly Disagree	Disagree	Agree	Strongly Agree
The program encouraged audience participation	1	2	3	4
The program motivated children to practice sun safe habits	1	2	3	4
The materials [game, handouts, etc] supported the purpose of the program [promote sun safety]	1	2	3	4
The materials were age appropriate	1	2	3	4
I would recommend this program to others	1	2	3	4

What is one health benefit of practicing sun safe habits now and into the future?

Why is it important to wear sunscreen every day of the year?

Name 3 things that you learned during this lesson:

1. _____

2. _____

3. _____

Comments: _____

RETURN

completed form[s] to:

Office of Health Promotion
Bergen County Department of Health Services
4th Floor, One Bergen County Plaza
Hackensack, NJ
07601-7076

Fax: 201-336-6086
Telephone: 201-634-2600