



**Livingston Township Municipal Alliance Committee**

***“Working for Prevention of Substance Abuse”***

**PROGRAM EVALUATION FORM**

NAME OF PROGRAM SPONSOR: \_\_\_\_\_

DATE OF PROGRAM: \_\_\_\_\_

LOCATION OF PROGRAM: \_\_\_\_\_

NAME(S) OF FACILITATOR(S): \_\_\_\_\_

DESCRIPTION OF AUDIENCE: \_\_\_\_\_

Please answer this evaluation form by circling the number you feel is most appropriate. #1 is low, #5 is high.

- |    |   |           |
|----|---|-----------|
| 1. | Did this program meet your expectations?  | 1 2 3 4 5 |
| 2. | How would you judge the quality of the presentation?                                | 1 2 3 4 5 |
| 3. | Was the topic relevant to you?  | 1 2 3 4 5 |
| 4. | Did you come away with tools/ideas which you did not have<br>prior to this program? | 1 2 3 4 5 |
| 5. | Did the program hold your interest?   | 1 2 3 4 5 |
| 6. | Would you recommend this program be presented to other groups?                      | 1 2 3 4 5 |

Other comments/suggestions: \_\_\_\_\_  
\_\_\_\_\_

I would like to be notified about additional parent education/support group programs.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

THANK YOU FOR YOUR HELP