

***Recovery and Prevention Resources
Too Good For Drugs Satisfaction Survey***

Your Name

School/ Organization

For the following questions, please circle the number which most accurately rates your opinion or feelings about the Too Good For Drugs program provided by RPR.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NA/ Don't Know
1. Program presenters arrived on time.	1	2	3	4	5	6
2. Material was age-appropriate.	1	2	3	4	5	6
3. Material was culturally appropriate.	1	2	3	4	5	6
4. Presenters acted in a professional & appropriate manner.	1	2	3	4	5	6
5. Presenters were knowledgeable about the subject being presented.	1	2	3	4	5	6
6. Presenters showed enthusiasm & worked well with others.	1	2	3	4	5	6
7. Group or educational activities were informative to our students.	1	2	3	4	5	6
8. After program completion, I reinforced the skills taught in the program in my classroom.	1	2	3	4	5	6
9. The group or educational program was a valuable experience for students.	1	2	3	4	5	6
10. Overall, I am very satisfied with the programs presented.	1	2	3	4	5	6

Please list any specific **strengths** in the program(s) you or your organization participated in. _____

Please list any specific **weaknesses** in the program(s) that you or your organization participated in. _____

Please describe any ways you reinforced the skills taught in the program in your classroom. _____

Please provide us with any additional comments or suggestions to improve our program(s). Feel free to use the back of this form if necessary. _____
