

Facilitator Feedback Survey: Use this form to track your progress and send us feedback.

Name _____ Title _____ Date _____
 School Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-Mail (print clearly) _____

Program Components: Please check all components you used

Preparation: Teacher's DVD	<input type="checkbox"/> Behind the Real Story <input type="checkbox"/> Why Parents Are the Last to Know <input type="checkbox"/> Why Kids Take Drugs <input type="checkbox"/> The Misery of Ecstasy	<input type="checkbox"/> Pre-Program Student Survey	<input type="checkbox"/> Program Overview (Guidebook pages 11-13)
Session 1: Drugs and the Body	<input type="checkbox"/> DVD: Marijuana the Myth	<input type="checkbox"/> Review Quiz	<input type="checkbox"/> Parent/Guardian Discussion
Session 2: Drugs and the Body	<input type="checkbox"/> DVD: Marijuana the Myth —review	<input type="checkbox"/> Class discussion —Homework	<input type="checkbox"/> After-Class Activity: Drugs in the body
Session 3: Alcohol, Drugs & Media	<input type="checkbox"/> DVD: Xtasy the Real Story Part 1	<input type="checkbox"/> Interactive Review Quiz	<input type="checkbox"/> Homework Assignment Alcohol, Drugs & Media
Session 4: Alcohol, Drugs & Media	<input type="checkbox"/> DVD: Xtasy the Real Story Part 1—review	<input type="checkbox"/> Review Quiz	
Session 5: Drugs and the Mind	<input type="checkbox"/> DVD: Xtasy the Real Story Part 2	<input type="checkbox"/> Review Quiz	<input type="checkbox"/> Drugs are Poisons Homework Assignment
Session 6: What Is a Drug?	<input type="checkbox"/> DVD: Xtasy the Real Story Part 2—review	<input type="checkbox"/> Review Quiz	
Session 7: Drugs & Emotions	<input type="checkbox"/> DVD: Drugs and Emotions	<input type="checkbox"/> Review Quiz	<input type="checkbox"/> Oral Review: Program Basics
Session 8: Drugs & Emotions	<input type="checkbox"/> Emotional Scale Practical	<input type="checkbox"/> Goals/Products Practical	<input type="checkbox"/> Student Essay—Goals
Program Completion	<input type="checkbox"/> Final Program Review Quiz	<input type="checkbox"/> Post-Program Student Survey	

What did you find most helpful about the Teacher's Video? _____

What did you think about the session video(s) and why? _____

What did you think about the Educator's Guide and why? _____

Did you need to modify any program components? If so, please describe: _____

For any components you didn't use, what was the main reason? _____

How would you rate this Educator's Kit overall: Poor: ____ Fair: ____ Good: ____ Excellent: ____

How many individuals participated in the program (use estimates if necessary):

Students: How Many _____ Average Age _____ Grades _____ Date _____

Teachers: How Many _____ Grades _____ Date _____

Do you plan on showing any DVDs again? (circle one.) **yes / no** Do you have a summer session? **yes / no**

If so, please circle which months you plan to show the DVD(s) throughout the year:

Jan - Feb - March - April - May - June - July - Aug - Sept - Oct - Nov - Dec

If it were possible to have a Narconon presenter do a live presentation in your school, would you be interested? **yes / no**

We'd love any other comments or student impressions. Please use the reverse. Thank you!

Mail to: Friends of Narconon ♦ 622 E. Villa Street ♦ Pasadena, CA 91101