



## EDUCATOR'S POST-PROGRAM QUESTIONNAIRE

The Foundation for a Drug-Free World would like to receive your assessment of using this *Educator's Guide*. Please fill out the questionnaire below after completion of The Truth About Drugs program and send it in to the Foundation for a Drug-Free World (address at the end of this Guide).

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School phone:** (    ) \_\_\_\_\_ **Home phone:** (    ) \_\_\_\_\_

**Grade level(s) you teach:** \_\_\_\_\_

**Subject(s) you teach:** \_\_\_\_\_

1. Please give us some information about the school where you work:

**Approximate number of students:** \_\_\_\_\_

**Grade levels taught at the school:** \_\_\_\_\_

The area where the school is located (circle one):

Urban

Suburban

Rural

The income level for the school area is mainly (circle one):

Low

Middle

High



2. How do you rate the presentation of drug prevention education in The Truth About Drugs program?

Poor       Fair       Good       Excellent

Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Which of the following best describes your use of The Truth About Drugs program materials?

- I used The Truth About Drugs booklets with my students.
- I used the public service announcements.
- I used *The Truth About Drugs* documentary in my class.
- I used The Truth About Drugs Lesson Plans in the classroom.
- I used the entire program.

Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

4. What was most useful to you about *The Truth About Drugs Educator's Guide*?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What were the best results you observed from use of The Truth About Drugs program? (Attach separate write-ups as needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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6. Rate the improvements below (1 to 10) for each category:

	Before #	After #
i. Understanding of drugs	___	___
ii. Attitudes toward drugs	___	___
iii. Class participation	___	___
iv. Behavior regarding drugs	___	___
v. Student participation in drug-free activities	___	___
vi. Academic performance	___	___
vii. Other (please describe)	___	___

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Please attach any specific information you want to provide on the above points.

7. Do you need additional copies of The Truth About Drugs booklets or other materials?

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8. Do you need any other assistance?

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9. Have you recommended The Truth About Drugs program to other teachers?

YES  NO

10. Please indicate if we may publish your results and comments in Foundation for a Drug-Free World publications? (Identified by your initials, occupation and state/country only)

YES  NO

11. Comments: \_\_\_\_\_

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Please return this questionnaire. Thank you!