

Parents360 Rx Evaluation Form



Thank you for attending today's Parents360 Rx presentation. Please take a moment to fill out this evaluation and return it to the presenter.

Presentation Date: _____	Name: _____
Presentation Location: _____	Address: _____
Email: _____	City _____ State _____ Zip _____
	Occupation: _____

- How would you rate today's presentation? A) Excellent b) Very good c) Good d) Fair e) Poor
- How would you rate the video? a) Excellent b) Very good c) Good d) Fair e) Poor
- How helpful was the discussion? A) Extremely helpful b) Very helpful c) Somewhat helpful d) Slightly helpful e) Not at all helpful
- How helpful were the support documents: "Parents: You Matter" Tip Sheet, Fact Sheet: Preventing Teen Prescription Medicine Abuse, and A Parent's Guide to the Legal Drugs Kids Are Abusing?
a) Extremely helpful b) Very helpful c) Somewhat helpful d) Slightly helpful e) Not at all helpful f) Didn't receive any supporting documents
- Before today's presentation, how knowledgeable were you regarding the prescription drug abuse issues?
a) Extremely knowledgeable b) Very knowledgeable c) Somewhat knowledgeable d) Slightly knowledgeable e) Not at all knowledgeable
- After today's presentation, how knowledgeable are you now regarding the prescription drug abuse issues?
a) Extremely knowledgeable b) Very knowledgeable c) Somewhat knowledgeable d) Slightly knowledgeable e) Not at all knowledgeable
- After today's presentation, which of the following actions do you plan on taking? (Please circle all that apply)
Talking to your kid(s) about prescription drug abuse
Safe guarding/locking up your prescription medicine at home
Talking to other parents/friends about the issue
Sharing the video electronically (Social media- Facebook, e-mail, etc.)
Monitoring your kid(s) more closely
Hosting/Organizing an event to show the video to others
Other (please list) _____
- In your opinion, who else should see this presentation?
Parents
Kids/Teens
Healthcare providers
Law enforcement
Educators/teachers
Others: Please specify _____
- Do you have any additional comments or suggestions about today's presentation?

- What are the ages of your children? Please check all that apply
a) 0-5 years old b) 6-9 c) 10-12 d) 13-15 e) 16-17 f) 18 years or older g) I don't have any children
- What is your age: a) Under 18 b) 18-25 c) 26-35 d) 36-49 e) 50-64 f) 65 or older g) Refused
- What is your ethnicity? a) Caucasian/White b) African American/Black c) Hispanic d) Asian e) Native American f) Other h) Refused

Would you like to receive information from The Partnership at Drugfree.org about preventing drug and alcohol abuse in your community?

Yes, I want to receive information by e-mail
 No, I don't want to receive information

Our eNewsletter sign-up section requires you to enter your e-mail address to sign up for e-mail newsletters. When you choose to sign up for one of our e-mail newsletters, your e-mail address is used solely to provide the newsletter to which you subscribe. Your e-mail address won't be shared with any outside organizations or individuals without your permission. Whenever you do receive a mailing from us you will always find an easy method to unsubscribe within the contents of the e-mail.