

Final Feedback Form

Contact Name

School/Organisation

Address

Contact Telephone

Contact Email

Date of event took place

Number of children who took part and what were their ages

Who performed the drama production?

Were outside agencies involved and who were they

Did the event raise the awareness of participants in respect of Health, Personal safety and the legal aspects associated with alcohol, cigarettes and solvents?

Were the web based resources sufficient?

If not how could this be improved

General comments