Educator Survey

Dear Educator:
Thank you for helping us evaluate Quills Up — Stay Away! A Poison Awareness Program. Your comments are important in determining the effectiveness of this program and in guiding us for future educational efforts!

Name: ____________________________ Age of students in your class: __________
Title: ____________________________ Number of students in your class: __________
School: __________________________
School Address: ____________________
City: ____________________________ Zip: __________
State: ____________________________

1. Had you taught poison prevention before receiving this program? ☐ YES ☐ NO If yes, how often? __________
   what materials did you use? __________

2. From where/whom did you receive this Quills Up! program? __________

3. Have you used the Quills Up! program in your classroom? ☐ YES ☐ NO If yes:
   How much time did you spend teaching the program? __________
   Which activities/materials did you use?
   • VIDEO ☐ YES ☐ NO Why or why not? __________
   • TEACHER’S GUIDE ACTIVITIES
     Sing Along with Spike ☐ YES ☐ NO Why or why not? __________
     Experience Chart: What’s Safe, What’s Not? ☐ YES ☐ NO Why or why not? __________
     Can Good Things be Bad for You? ☐ YES ☐ NO Why or why not? __________
     Wrap Up — Quills Up or Quills Down? ☐ YES ☐ NO Why or why not? __________
     Spike Paper Puppet ☐ YES ☐ NO Why or why not? __________
   • FAMILY TAKE-HOME ☐ YES ☐ NO Why or why not? __________
   • STICKERS (with emergency number) ☐ YES ☐ NO Why or why not? __________

4. Please rate the following components:
   VIDEO ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   ACTIVITIES ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   SPIKE PAPER PUPPETS ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   FAMILY TAKE-HOME ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   STICKERS ☐ Excellent ☐ Good ☐ Fair ☐ Poor
   (with emergency number)

5. Are there other materials that would be useful when teaching this program? __________

6. Would you recommend this program to other teachers? ☐ YES ☐ NO Why or why not? __________

7. Does your class need more Poison Helpline stickers or materials? ☐ YES ☐ NO If yes, how many? __________

8. Would you like the poison center educator in your area to call you to discuss other materials or programs that may be available? ☐ YES ☐ NO If yes, please provide phone number: __________
   Comments/Suggestions: __________
   __________
Additional comments: 

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Thank You!

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