



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: <input type="text"/>
Title: _____	Number of students in your class: <input type="text"/>
School: _____	E-mail: _____
School Address: _____	Phone: _____
City: _____	
State: _____ Zip: _____	

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: _____

Thank You!

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