

Secrets Through the Smoke Facilitator's Evaluation

Name

School/Organization

If school, grade and subject

Address

City

State

ZIP

Phone

Fax

Please circle your responses. Choices are on a scale from 1 (negative response) to 5 (positive response).

1. How well did the audience respond to the

- | | | | | | |
|--------------------------|---|---|---|---|---|
| a. Previewing activities | 1 | 2 | 3 | 4 | 5 |
| b. Video | 1 | 2 | 3 | 4 | 5 |
| c. Discussion questions | 1 | 2 | 3 | 4 | 5 |
| e. Activities | 1 | 2 | 3 | 4 | 5 |

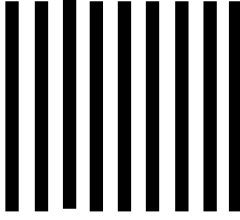
2. In your opinion, what part of *Secrets Through the Smoke* was most valuable?

3. Would you recommend it to others? Why?

Department of Health & Human Services
Centers for Disease Control Prevention
Atlanta, GA 30341-3717

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SECRETS THROUGH THE SMOKE

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