35823

OTPF TEACHER REPORTING FORM

Ohio Tobacco Prevention Foundation
A Healthier State for All
www.otpf.org

Class ID

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Facilitator First Name

Facilitator Last Name

CLASSROOM TEACHER: PLEASE COMPLETE THE INFORMATION BELOW.

School District Name:

School Name:

Teacher Last Name:

Class Period:

Teacher E-mail Address: (ex. jjones@standohio.org)

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1. How many students are enrolled in this class? | | | students

2. How many classroom sessions of the tobacco prevention program were presented to this class? | | | sessions

3. On average, about how many minutes was each classroom session? | | | minutes

4. How many students are in each grade in this class?
If there are no students in a particular grade, please write "00" in the boxes at the right.

Please be sure that the sum of the boxes is equal to the number of students enrolled in your class.

	4th graders		7th graders
	5th graders		8th graders
	6th graders		_____ graders

5. Who taught the tobacco prevention programming?

- ○ I taught the sessions
- ○ Another teacher in my school taught the sessions
- ○ An outside facilitator taught the sessions

We would like to ask you to complete a 17 question survey on-line which will help us better evalute the smoking prevention programming that was provided to your class or group. We will send you an e-mail with a link to the survey. The survey should take no more than 5 minutes of your time. You will receive a $5.00 Borders giftcard via e-mail as a thank you for your valuable feedback.

- ○ Sure, I'll complete the brief on-line survey.
- ○ No, I do not wish to participate.

Signature: _____ *Date:* _____

Created by the Ohio Tobacco Research and Evaluation Center at Case Western Reserve University