



## Evaluation Form

Please take a moment to review this questionnaire before your program. For this program to be effective, it is vital that the team members complete this questionnaire. Your input is important and will be used to evaluate the program's impact. Your comments and suggestions will be used for program improvement. Please note here how many presentations this form is evaluating for your club. **Evaluating \_\_\_\_\_ presentation(s)**

1. Program Information: Date(s): \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Ages/ Grades: \_\_\_\_\_ Adults present \_\_\_\_\_

School/facility: \_\_\_\_\_

Location: City \_\_\_\_\_ State \_\_\_\_\_

2. Pilot Club Information:

Location: \_\_\_\_\_

Team members: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. How did the children respond to the program?

4. What was your response to the program? (ie: was it easy to follow? Did it take the suggested amount of time? Was the activity book used in the classroom or at home? Did you receive response from parents? Etc).

5. Please check the materials used and circle how useful the materials were?

Guide for Pilot Clubs                      Very    Somewhat    Not at all

Facilitator's Guide                      Very    Somewhat    Not at all

Story

Activity Book                      Very    Somewhat    Not at all

Strategic Marketing Plan                      Very    Somewhat    Not at all

Public Service Announcements (PSAs)                      Very    Somewhat    Not at all

Comments:

6. Please list the media coverage that was generated for BrainMinders in your area. Include print, radio, TV, billboards, web. If possible, ask any media used to supply you with an affidavit of PSAs broadcast. This is a standard procedure that will only involve copies for you. (Attach}

**Broadcast:**

Local TV network/program (name) \_\_\_\_\_

Cable TV network/program (name) \_\_\_\_\_

Local radio network/program (name) \_\_\_\_\_

Other \_\_\_\_\_

**Print:**

Local newspaper (name) \_\_\_\_\_

Local magazine (name) \_\_\_\_\_

other \_\_\_\_\_

**Electronic**

Web site (name) \_\_\_\_\_

other \_\_\_\_\_

7. Indicate the type of media placement(s) your program-related activities have secured. Check all that apply. (Please fax or mail examples to Pilot Headquarters.)

- Feature story
- Quote or mention within an article/news story
- Editorial
- Letter to the editor
- Interview/featured guest appearance
- PSA

8. Other comments or suggestions or resources you consider necessary for improving the Brain-Minders program? (Attach additional pages as necessary.)

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**Fax or Mail to:**  
Attention: BrainMinders  
Pilot International Headquarters  
P.O.Box 4844  
Macon, GA 31208-4844

**FAX 478-743-2173**