



## **Tar Wars Presenter Evaluation**

1.	Was the Tar Wars Supply packet useful in helping you prepare for your presentation?  □Yes □No
	If yes, how useful would you rate it? □5 □4 □3 □2 □1
	If no, please explain.
2.	How many times have you presented Tar Wars?
3.	How many students would you estimate you have reached this year with your presentation?
4.	Did you contact your state coordinator prior to presenting in the classroom?
5.	Was the state coordinator helpful?  □Yes □No
	Comments:
6.	Do you have any suggestions for improving the Tar Wars Program, the presentation, or activities?

7.	About you:
	First name
	Last name
	Phone
	Address
	City
	State
	Zip
	Email
8.	I am a:  □Family Physician □Resident □Medical Student □School Nurse □Physician Assistant □Health Educator □Other (Please provide)
9.	May we contact you next year to present the Tar Wars Program?  ☐Yes ☐No

## Return to:

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