

SUSANVILLE FIRE DEPARTMENT
1505 MAIN STREET
SUSANVILLE, CA 96130
530.257.5152

PROGRAM EVALUATION FORM

DATE OF PRESENTATION _____

| SCHOOL/ORGANIZATION | NUMBER IN ATTENDANCE | CLASS GRADE(S) |
|---------------------|-------------------------|-------------------|
| _____ | _____ | _____ |

1. Did you feel this program addressed the Injury Prevention, Safety Awareness, and Fire Education messages appropriate for children and adults? Please answer.

2. Were the props (puppets, robot, fire safety trailer) beneficial to your school class/organization? Please answer.

3. Would you be interested in another program? Please answer.

4. Do you have any suggestions for any other type of safety programs? Please answer.

5. Signature and phone number for contact (not mandatory)
