



Living Healthy Commotion Evaluation Form

Please send your completed form to the School Health Promotion Liaison Consultant in your School District (see Living Healthy Commotion School Activity Booklet for addresses).

School: _____

Mailing Address: _____

School District: _____

Commotion Contact: _____

Telephone: _____ **FAX:** _____

E-Mail: _____

What did you like best about your Commotion? _____

Please describe what activity worked best at your Commotion?

What would you do differently next time? _____

What did you find useful about the School Activity Booklet in planning your Commotion?

What did you find useful about the Living Healthy website in planning your Commotion?

What was the most important thing you learned from your commotion?

What advice would you give to someone who was planning a Commotion for the first time?

Thank you for organizing a Living Healthy Commotion!