



## 2011 Living Healthy Commotion Evaluation Form

Please send the completed form to your School Health Promotion Liaison Consultant

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

E-Mail: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of students who participated in your Living healthy Commotion: \_\_\_\_\_

Please describe your Commotion?

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Were students involved in planning your Commotion (Yes  / NO )? If so, how were they involved?

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How did your school use the Commotion to educate students about the importance of Living healthy?

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Please indicate your usage of the available planning tools? (Website, Commotions Activity Booklet)

(Place an X in the appropriate boxes)

- Did your school use the Living Healthy Commotion Activity Booklet? Yes  / NO
- Did your school use the Living Healthy website? Yes  / NO

(b). Please comment on the usefulness of these resources?

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What advice would you give other schools planning future Commotions? \_\_\_\_\_

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How will your school continue to celebrate living healthy throughout the school year?

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**Thank you for organizing a Living Healthy Commotion!**