



## Living Healthy Commotion Evaluation Form

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

School: \_\_\_\_\_

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

School District: \_\_\_\_\_

Commotion Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What did you like best about your Commotion? \_\_\_\_\_

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What would you do differently next time? \_\_\_\_\_

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

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

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What was the most important thing you learned from your Commotion? \_\_\_\_\_

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

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*Thank you for organizing a Living Healthy Commotion!  
Your involvement makes a difference in creating healthy schools.*