

# Olympia Junior Programs, Inc.

## EVALUATION FORM

Please return this evaluation form to Olympia Junior Programs on the day following the play. To save postage, you may wish to send your form with others from your school.

Send to: Olympia Junior Programs Attn: Evaluations Committee P.O. Box 1371 Olympia, WA 98507-1371	Date attended: _____ AM ____ PM ____ Production title: _____
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Was the performance suitable for the age group? Yes \_\_\_\_\_ No \_\_\_\_\_

Student Reaction to:

Story interest \_\_\_\_\_

Following Plot \_\_\_\_\_

Costumes/Scenery \_\_\_\_\_

Voices (projection) \_\_\_\_\_

Other student comment \_\_\_\_\_

Teacher comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you use the educational materials sent to you prior to the performance?

Would you like to see this company return to OJP? Yes \_\_\_\_\_ No \_\_\_\_\_

Other titles/subjects you would like to see presented: \_\_\_\_\_

\_\_\_\_\_

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Class Size \_\_\_\_\_

THANK YOU FOR YOUR RESPONSE