



Evaluation Form

Your National SAVIN Training and Technical Assistance Project team would like to know if this National Drunk and Drugged Driving Prevention Month SAVIN Resource Kit was helpful to you. Please take a few minutes to complete this evaluation form and return it to us.

I am completing this form as a (please check one):

SAVIN program

State MADD organization

MADD chapter

1. Which components of the Resource Kit were most helpful to you? Why?

2. Which components of the Resource Kit were least helpful to you? Why?

3. Was the camera-ready artwork useful to you in promoting National Drunk and Drugged Driving Prevention Month and SAVIN?

4. Were you able to collaborate between SAVIN and MADD in your state to promote National Drunk and Drugged Driving Prevention Month? (if "yes," please describe your activities)

5. Are there any additional resources that would be helpful to you in Resource Kits designed to help you promote SAVIN during victim-related commemorative days, weeks and months (please describe)?

Please email this form to SAVIN@NCJA.org.

THANK YOU FOR TAKING TIME TO PROVIDE US WITH FEEDBACK!