

SUBSTANCE ABUSE PREVENTION EDUCATION FUND

Program Evaluation

Please complete within **14 days of your event and return to aod@wiu.edu

Name of Program:

Date program was held:

Coordinator of Program:

E-mail:

Phone:

Types of Publicity/Promotions Used:

Collaborations/Partnerships/Contributors:

Total cost of program: \$

SAPE Funding: \$ Used for:

Of Students Reached (please indicate if this is the actual number or an estimate):

Description of Alcohol and Other Drugs Education (messages/activities):

Outcomes:

Would you want to do this program again? Yes No

If No, why not?

If Yes, would you make any changes next time?