



TEACHER SURVEY

We hope that you will help us evaluate the *Sound Off with the Home Fire Safety Patrol* program by completing this brief survey. Please check off more than one box where appropriate. You can also complete this survey online at www.ymiclassroom.com/survey-sound-off.

Grade I Teach: 2nd 3rd

Name: _____

School: _____

School address: _____

Email address: _____

School telephone number: _____

1. Which of the three activities did you use? Check all that apply.

- Activity 1: Join the Home Fire Safety Patrol
- Activity 2: Detect the Dangers
- Activity 3: Home Fire Escape Plan
- None

2. Please rate the program's developmental appropriateness for your students by circling a number on this scale of 1 to 5, with 5 being the highest rating.

1 2 3 4 5

If you were dissatisfied, please explain WHY. _____

3. Please rate the appropriateness of the program's reading for your students by circling a number on this scale of 1 to 5, with 5 being the highest rating.

1 2 3 4 5

If you were dissatisfied, please explain WHY. _____

4. Please rate these aspects of the program by circling a number on each scale of 1 to 5, with 5 being the highest rating.

Visit by firefighters	1	2	3	4	5	
In-class learning	1	2	3	4	5	
At-home learning	1	2	3	4	5	<input type="checkbox"/> Unknown

5. Please circle a number on each scale to indicate how you think your students would rate these aspects of the program.

Visit by firefighters	1	2	3	4	5	
In-class learning	1	2	3	4	5	
At-home learning	1	2	3	4	5	<input type="checkbox"/> Unknown

Please suggest changes you would recommend for these aspects of the program:

6. How did families participate in the program?

- Completed at-home portions of printed materials
- Requested more smoke alarm information
- Did not participate

If families did not participate, WHY? _____

7. Are there improvements you would recommend for the program?
