



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 Other

Name: _____

School: _____

School address: _____

Email address: _____

School telephone number: _____

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

- Lesson 1: Safety Sounds!
- Lesson 2: Home Fire Dangers
- Lesson 3: Home Fire Escape Map
- Lesson 4: Home Fire Drills
- Sound Off Storybook
- 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 for your students' reading level of the Sound Off Activity Sheets, Storybook, interactive online game, and/or smartphone App 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 with the reading level of any of the program materials, please explain WHICH ONES and WHY. _____

4. Please circle a number on each scale to indicate how you would rate these aspects of the program, with 5 being the highest rating.

Firefighter classroom visit	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:

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

Firefighter classroom visit	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? Check all that apply.

- Completed at-home portions of Activity Sheets
- Requested smoke alarms
- Completed a home fire drill
- Did not participate

If families did not participate, WHY? _____

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

Thank you for your input and for helping to keep families safe!