

**Teen Theater Post-Performance Discussion Observation:
Debriefing Form
Intervention Evaluation**
Sarasota Youth Tobacco & Alcohol Prevention Project



1. Your Name:	
2. Date and Time of Performance:	
3. Name of School:	
4. Location of Play:	<input type="checkbox"/> Auditorium <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____
5. Approximate # of Students in Attendance:	
6. Was the "Believe" campaign concept mentioned?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Rate the attentiveness of the students during the play performance:	<input type="checkbox"/> Not at All Attentive <input type="checkbox"/> A Little Attentive <input type="checkbox"/> Moderately Attentive <input type="checkbox"/> Very Attentive
8. Was time allotted for questions and answers immediately following the play:	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Rate the attentiveness of the students during the answer and question period:	<input type="checkbox"/> Not at All Attentive <input type="checkbox"/> A Little Attentive <input type="checkbox"/> Moderately Attentive <input type="checkbox"/> Very Attentive <input type="checkbox"/> No Question and Answer Period
Briefly describe the physical environment of the play performance (i.e. arrangement of room):	
Briefly describe the mood or tone of the audience at the end of the play (i.e. excited, stunned):	
Briefly summarize any comments overhead by youth immediately following the play:	
Briefly summarize any comments overhead by teachers/other adults immediately following the play:	
Other Comments:	