



Direct Care Project Part 4 Evaluating the Project

Directions: Use this template to evaluate your project. For more information on the template sections, see the Directions for Part 4 and the Direct Care Project Part 4 Tutorial for more information and paragraph requirements.

Student Name: Student Name

Date:

1. Title of presentation (including county/state name) _Sustance Abuse in Ohio_____
2. Date presentation completed_____
3. Tables of results: Tally the results of your surveys and place the numerical values in the boxes below.

PRE-Survey

#	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1	1	1	1		
2	2	1			
3	3				
4	3				
5	2	1			
6		1	2		
7		1	2		
8	1	1	1		

POST-Survey

#	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1	1	2			
2	2	1			
3	3				
4	3				
5	2	1			
6	2	1			
7	2	1			
8	3				