

LYME DISEASE FOUNDATION, INC.

EDUCATOR SURVEY

PLEASE COPY & RETAIN ORIGINAL FOR FUTURE USE

Please let us know what you think! Fill out and return this survey to the Lyme Disease Foundation at the above address. Thank you for your cooperation!

PLEASE PRINT CLEARLY OR TYPE

Educator Name: _____

Subject: _____ Class Grade: _____

School: _____

Address: _____

Town: _____ State: _____ Zip: _____

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How did you find out about "Lyme Disease: An Investigative Survey on Personal Prevention"? _____

Which lesson plan did you use? ____ One-Period ____ Four-Period

Was the program grade-appropriate for your class? ____ Yes ____ No

Why/Why Not? _____

Will you use this program again next year? ____ Yes ____ No

Why/Why Not? _____

How informed about Lyme disease was your class before participating in the lesson? _____ Not very well informed

_____ Fairly well informed

_____ Most students familiar with Lyme disease

What did you and/or your students like best about the program?

Least? _____

IMPORTANT: Please enclose a one-page summary of each of your classes' survey results.

Feel free to share other comments in this space.

Thank you for your participation in Lyme disease public education!