



Parent Verification of Completion



We hope you enjoyed the activities and conversations within the Alcohol Prevention Program. Please complete the following and return to your child's health teacher. This form will provide feedback for your child's health teacher and will be used to verify completion of the program for academic credit for Health Education class. This form will be viewed only by your child's health teacher.

1. Did you complete the Alcohol Prevention Program? YES NO

2. How was your overall experience with the Alcohol Prevention Program?

3. Other comments?

Parent/Guardian Signature: _____

Date: _____