

APPRAISAL OF YOUR *YOUTH COALITION* ACTIVITIES

To be completed and returned to your regional Youth Coalition agent when your project is completed.

This form sets out your project's achievements, successes and problems, allowing you to observe the work done and use it as inspiration for future activities. If necessary, please use additional sheets for your answers.

Name of school or centre: _____

Resource person: _____

How was the project carried out in your community?

Highlights, participation levels, successes, problems, etc.

Did you complete all the activities planned by your *Youth Coalition*? (List the activities shown on your participation form.) If some of the activities were not carried out, please explain why.

Planned activities	Carried out?		If no, why not?
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

What has your project achieved:

For members of your Youth Coalition? _____

For yourself? _____

For the other teens reached by the activities? _____

For the adults reached by the activities? _____

Indicate the approximate number of people reached by your project.

This information is extremely important for the program's promoters and fund providers.

Teens : _____ Adults : _____

Was your project covered by the media? Yes No

If so, by which media? (State the broadcast/print date and the name of the media)







Please attach a copy of the media coverage.

Are you satisfied with the way the project was carried out, and the spin-offs it achieved?

Yes No

Please explain your answer.

Do you intend to renew your participation in the program next year?

Yes No

Please explain your answer.

Do you have any suggestions for improvements to the *Youth Coalition Against Smoking* program?

Would you like to play a more active role in developing the *Youth Coalition Against Smoking* program? We sometimes need to consult resource people by e-mail or telephone, for example to test new tools.

Yes No Email and/or telephone : _____

We would be most grateful for copies of any recordings, publications, photographs or films of your activities. We are always pleased to see what you are doing, and in some cases we are able to circulate the information on our website (www.lagangallumee.com)!

Thank you for playing a role in the effort to reduce teen smoking.