



Evaluation Form for Students

Name _____ Grade _____

School _____

1. What was your overall reaction to the play?

2. What was your reaction to the acting?

3. What was your reaction to the scenery, costumes, etc. of the play?

4. What was your favorite part of the play?

5. Did you learn anything from this production? If so, what?

6. What other stories would you enjoy seeing staged by live actors?

Send us your feedback!

Please send you feedback and thoughts to us! Return form to:

New Stage Theatre, ATTN: Education Director, 1100 Carlisle Street, Jackson, MS 39202