



Evaluation Form for Students

Name _____ Date _____
School _____ Grade _____

1. What was your overall reaction to the play?
2. What was your reaction to the acting, singing and dancing?
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!

Return form to: **New Stage Theatre, ATTN: Education Director, 1100 Carlisle Street, Jackson, MS 39202**

