

Evaluation Form

for Teachers/Leaders

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. Please comment on the educational value of the play.
5. Do you feel this production was age appropriate for your students?
6. What titles or subjects would you like to see staged for student audiences?
6. Do you have other suggestions for future performances?

Send us your feedback!

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

