



Evaluation Form for Students

Name _____

School _____ Grade Level _____

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 any part of the play? If so, what?

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

6. Do you have other suggestions for future performances?

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**