



# Evaluation Form for Teachers/Leaders

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. 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!**

Please send you feedback and thoughts to us! Return form to: **New Stage Theatre, ATTN: Education Director, 1100 Carlisle Street, Jackson, MS 39202**