



OTC WORKSHOP FOR ES OR MS STUDENTS

Presenter(s) _____ Location _____ Date _____

1. What is your gender? Female Male

2. How old are you? 5-11 12-14

3. Race (Choose all that apply)

- Asian African American Hispanic/Latino Native American
 White Many Races Other _____

Please provide your opinions about the activities that you participated in:	Agree	Disagree	Not Sure
1. The information I heard made sense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The presenter made the information easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I learned the difference between RX and OTC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I learned how OTC & RX drugs can be harmful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I learned how to properly dispose of RX & OTC unused/expired medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I want to learn more about the dangers of other drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about the presentation? _____

What is the POISON CONTROL NUMBER? _____