

I. M. Brainy Script Evaluation (parents)

Location _____ Date _____
Name _____

1. The *I. M. Brainy Script* did a good job teaching the children the three basic risk areas: car safety, walking safety, and helmet safety.

Strongly Agree Agree Disagree Strongly Disagree Do not know

2. The children seemed to enjoy the *I.M. Brainy Script* presentation.

Strongly Agree Agree Disagree Strongly Disagree Do not know

3. After seeing the presentation I would enjoy seeing other Brain Injury Association, Inc. presentations and or receiving their materials.

Strongly Agree Agree Disagree Strongly Disagree Do not know

4. The children seemed to understand the dialogue used in the *I.M. Brainy Script*.

Strongly Agree Agree Disagree Strongly Disagree Do not know

5. I would recommend that the *I.M. Brainy Script* be used to present safety messages in similar environments around the state of Florida.

Strongly Agree Agree Disagree Strongly Agree Do not know

What did you enjoy the most about the *I.M. Brainy Script* materials/presentation?

What did the children enjoy the most about the *I.M. Brainy Script* materials/presentation?

What did you enjoy least about the presentation and or materials? What did your children seem to enjoy the least?

What could be done to make the *I.M. Brainy Script* better?

Additional Comments

Thank you! ☺