

MARYLAND POLICE TRAINING COMMISSION STATE D.A.R.E OFFICE

Drug Abuse Resistance Education School Administrator's Appraisal Form

Please return completed forms to:
Maryland Police Training Commission,
Office of the State D.A.R.E. Coordinator
6852 4th Street
Sykesville, MD 21784

If you have any questions, please contact a State D.A.R.E. Office Representative at (800) 303-8802.

Strongly Agree

Agree

Disagree

Please mark the letter which most clearly corresponds with your opinion.

Note: Use a #2 pencil only.

Strongly	Disagree
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1. My students enjoyed participating in the D.A.R.E. Program.	A	B	©	D	
2. My students accepted the D.A.R.E. Officer's presence on campus.	A	B	©	D	
3. The D.A.R.E. Officer respected student's feelings.	A	B	©	(D)	
4. The D.A.R.E. Officer was an effective presenter and role model.	A	B	©	D	
5. The D.A.R.E. program had a positive impact on my students.	A	B	©	(D)	
6. The D.A.R.E. Officer participated in other school activities and/or classes.	A	B	C	D	
7. My students' opinions of police officers, and their roles, have improved because of the D.A.R.E. Program.	A	B	©	(D)	
8. The D.A.R.E. Program should continue in my school.	A	B	©	0	
9. My students benefited from the D.A.R.E. Officer's presence on campus.	A	B	©	D	
10. My school benefited from the D.A.R.E. Officer's presence on campus.	A	B	©	D	
11. The D.A.R.E. Officer became an accepted and helpful member of the school staff.	(A)	B	©	(D)	
12. The D.A.R.E. Officer worked well with my faculty.	A	B	©	D	

Comments:		
County:	School:	
Administrator's Signature:		Date:
Our D.A.R.E. Officer's name was:		

FOD	OFF	USE	OKII Y
FU JR	11-	 1136	C IIVI

SCHOOL ID NUMBER					
0	0	0	(D)	0	①
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
(5)	(5)	(5)	(5)	5	5
6	6	6	6	6	6
7	7	7	7	7	7
(3)	8	(8)	8	8	8
9	9	9	9	9	9