

Evaluation Form: Problem Gambling Lessons

Name: _____ Gender: _____ Age: _____

Date: _____ Teacher's name: _____ Period#: _____

After this lesson:

	Yes	No
1. I understand there are many addictions that can affect a family.		
2. I understand the risk factors, signs, and symptoms of problem gambling.		
3. I am more informed to make healthy decisions in my everyday life.		
4. I know where to find help for families and people struggling with a gambling problem, or another addiction.		

Do any of these apply to you?

	Yes	No
5. I have worried about someone's tobacco/alcohol/drug use or gambling in my family, in the past or now.		
6. I have concerns about alcohol/drug use or gambling, and am interested in talking with my school counselor or Youth Line.		
7. I have my own smartphone.		

OPTIONAL: I would like more information about: (check all that apply)

English	Spanish (Español)
_____ Alateen/Alanon (<i>How to help family or friends</i>)	_____ Alateen/Alanon
_____ Alcoholics Anonymous (<i>AA/12 Questions/ Am I an Addict?</i>)	_____ Alcoholicos Anonimos
_____ Problem Gambling	_____ Apostador compulsivo
_____ How to stop smoking/vaping: (<i>Circle one</i>) - teen or adult	_____ Para dejar de fumar
_____ Specific Drug: _____	_____ Drogas: _____
(write in)	(escribe aqui)

	Low	Average					Excellent			
I would rate this presentation:	1	2	3	4	5	6	7	8	9	10
I would rate this presentation:										

Other comments or questions?