Germ City Teacher Feedback

1. Date of Germ City Presentation ________________________________

2. School_______________________________________________________

3. Name of Teacher_____________________________________________

4. Grade Level pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 (circle)

5. Number of students in the class _____________________________

6. As a result of hand hygiene education, what changes have you observed among students
   ___ Wash hands more often
   ___ Wash hands longer
   ___ Use other hand methods to clean hands (sanitizers or wipes) more often
   ___ Remind others to wash hands
   ___ Other (please describe)

7. What could be improved in the Germ City presentation or support materials?

8. Other comments or suggestions:

   Thank you for your participation. Please return this form in the attached envelope.