

Digital voting link preferred and provided in Teen PSA Resources. Completed paper surveys can be scanned and emailed to Contact@KinderVision.org.



The Greatest Save Teen PSA Student Voting Survey

TeenPSA.org



My favorite PSA is: (Title) _____

- | | | | |
|---|-----|----|--------|
| 1. Did you learn anything new? | Yes | No | Unsure |
| 2. Will this change anything you do in the future? | Yes | No | Unsure |
| 3. Will you share this information with someone else? | Yes | No | Unsure |

Your age: _____ Your gender: _____ State: _____ School: _____

Comments: _____



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