



Request for DEA Device Submission Form

Date: _____

YM Div: 1 2 3 4 5 6 YM Reg: _____

YM Battalion: _____

Unit Name & Mailing Address: _____

YM Rank: _____ YM Full Name: _____ Age: _____

Presentations: (Please attach Evaluation Form for each)

- 1. Date and location: _____
- 2. Date and location: _____
- 3. Date and location: _____
- 4. Date and location: _____

Unit Commander or XO Signature: _____

(Unit Commander or XO signature must be included on this form and not a digital signature. By signing, the UC or XO is verifying that all the above information is correct, Evaluation Forms are attached, and the Young Marine has met all qualifications for the DEA device.)

This form and all attachments may be scanned and emailed to Joe Lusignan, Deputy Director at DDR@youngmarines.com.



Presentation Evaluation Form (to be filled out by host adult/teacher)

Date: _____

Teacher/Host Adult Name: _____

Email Address: _____

Number of Students Present	Length of Class	Class Topic
_____	_____ minutes	_____

Please check the most applicable evaluation based on the presenters age:

- Excellent
 Good
 Average
 Fair
 Needs Work

Comments: _____

Given the age of the presenter and the age of the audience, do you feel this presentation was well received and informative to the audience?

- Yes, Adequate
 Somewhat, Too Advanced
 No, Too Basic

Comments: _____

Was there a question and answer period?

- Yes
 No

Was the presenter able to appropriately answer the questions asked?

- Yes
 No

What was your knowledge of the Young Marines program before this presentation?

- Aware
 Limited Knowledge
 Not Aware

Would you allow this Young Marine to come back for another presentation?

- Yes
 No

Thank you for helping this Young Marine meet their goals for the DEA Device by educating others on Drug Awareness.