EVALUATION ID #:

Presenter(s):_____

Date:_____ **Location:**_____

Participant Info:

Age (in years) _____ **Gender:** ☐ Male ☐ Female

Race: ☐ African American ☐ Asian American ☐ Caucasian/White ☐ Native American
☐ Other (list) _____ **Hispanic/Latino origin:** ☐ Yes ☐ No

Highest Grade Level: ☐ Less than high school ☐ High School ☐ Some College ☐ Vocational/Technical School
☐BA/BS ☐MA/MS ☐Doctoral

Have you had previous training in suicide prevention? ☐ Yes ☐ No

Has someone close to you died by suicide? ☐ Yes ☐ No
If yes, what relation was this person to you (Check all that apply):
☐ Parent ☐ Sibling ☐ Spouse ☐ Child ☐ Friend
☐ Co-worker Client/patient ☐ Other _____

Has someone close to you attempted suicide? ☐ Yes ☐ No
If yes, what relation was this person to you (Check all that apply):
☐ Parent ☐ Sibling ☐ Spouse ☐ Child ☐ Friend
☐ Co-worker Client/patient ☐ Other _____

Please note your primary function/role as related to this training event : _____
☐Administrator/Manager ☐ Physician
☐ Alcohol & Drug Counselor ☐ Psychologist/Counselor
☐ Certified Case Manager ☐ Self Advocate
☐ Clergy ☐ Social Worker
☐ Educator ☐ Student
☐ Family Member ☐ Other _____
☐ Nursing

BEFORE Workshop

How would you rate your knowledge of suicide in the following areas?	Low 1					High 6
Facts concerning suicide prevention	1	2	3	4	5	6
Warning signs of suicide	1	2	3	4	5	6
How to ask someone about suicide	1	2	3	4	5	6
Persuading someone to get help	1	2	3	4	5	6
How to get help for someone	1	2	3	4	5	6
Local resources for help with suicide	1	2	3	4	5	6
How likely would it be for you to do the following?	Not Very Likely 1					Highly Likely 6
Ask someone if they are suicidal	1	2	3	4	5	6
Tell a suicidal person who to talk to for help	1	2	3	4	5	6
Call a crisis line (e.g., 911) to get help for someone you believe is about to suicide	1	2	3	4	5	6
Go with a suicidal person to get help (e.g., hospital, mental health center, counselor)	1	2	3	4	5	6

THANK YOU FOR YOUR FEEDBACK

Updated: 07/27/06

AFTER Workshop

How would you rate your knowledge of suicide in the following areas?	Low 1					High 6
Facts concerning suicide prevention	1	2	3	4	5	6
Warning signs of suicide	1	2	3	4	5	6
How to ask someone about suicide	1	2	3	4	5	6
Persuading someone to get help	1	2	3	4	5	6
How to get help for someone	1	2	3	4	5	6
Local resources for help with suicide	1	2	3	4	5	6
How likely would it be for you to do the following?	Not Very Likely 1					Highly Likely 6
Ask someone if they are suicidal	1	2	3	4	5	6
Tell a suicidal person who to talk to for help	1	2	3	4	5	6
Call a crisis line (e.g., 911) to get help for someone you believe is about to suicide	1	2	3	4	5	6
Go with a suicidal person to get help (e.g., hospital, mental health center, counselor)	1	2	3	4	5	6

WORKSHOP EVALUATION

Please indicate your agreement/disagreement with the following statements by circling the appropriate number.

	Disagree					Agree
1. I was satisfied with the training	1	2	3	4	5	6
2. I was comfortable during the training	1	2	3	4	5	6
3. I would recommend the training to others	1	2	3	4	5	6
4. My trainer was well-prepared	1	2	3	4	5	6
5. Concepts in the training were clearly explained	1	2	3	4	5	6
6. The trainer was responsive to questions	1	2	3	4	5	6
7. The trainer was free from bias or stereotyping	1	2	3	4	5	6

8. The length of the training was: ___ too long   ___ about right   ___ too short

COMMENTS:

_____
_____
_____

☐ **Yes** ☐ **No   Would you be willing to be contacted by mail/email in one month to determine how the training met your needs?** If yes, please list contact information below:

Name: _____

Email: _____

Address (Include ZIP & County): _____

_____

THANK YOU FOR YOUR FEEDBACK   2