

Maine Youth Suicide Prevention

Education, Resources and Support-It's Up to All of Us

Self-Evaluation for Facilitator

Maine Youth Suicide Prevention Awareness Session

Please fill one out each time you complete a workshop. This form serves as a record of your youth suicide prevention activity. Consider your program and answer the following questions.

Name: _____ Phone: _____ # Participants _____

Training Partner: _____ # Men _____

Workshop Date: ___/___/___ # Women _____

Location: _____ # Youth _____

Primary Audience: Teachers Other School Staff Agency Staff Parents Church Group Other _____

If comfortable, please complete the following section:

	Needs Work		Very Comfortable	
1. Your overall grasp of the course content. . .	1	2	3	4
2. Your ability to complete the suggested outline. . .	1	2	3	4
3. Myths/Facts. . .	1	2	3	4
4. Warning Signs & Protective Factors. . .	1	2	3	4
5. How to ask questions about suicide. . .	1	2	3	4
6. What to Do/What Not to Do. . .	1	2	3	4
7. Practice Activity. . .	1	2	3	4
8. Resources. . .	1	2	3	4
9. After a Suicide (if covered). . . .	1	2	3	4

Please comment on the general response/feedback of your audience to the session.

In what way could MYSPP further support your efforts?

Return completed form to:

Linda Williams, Maine Youth Suicide Prevention Program
 Medical Care Development, 11 Parkwood Drive, Augusta, ME 04330
 Or e-mail summary of this information to: lwilliams@mcd.org

Thank you for taking the time to give us your input. We value your comments.