

## About this Youth Suicide Prevention Session

l liked		Poor to Excellent			
	Overall Session	1	2	3	4
	Printed Materials	1	2	3	4
	DVD (if used)	1	2	3	4

Please rate facilitator(s):	Poor to Excellent
Knowledge of Topic	1 2 3 4
Responsiveness to Group	1 2 3 4
Teaching Methods	1 2 3 4
Organization	1 2 3 4

☐ More than I expected

## As a result of this program, I have...

 ...increased my general knowledge about youth suicide prevention and intervention.

## Low 1 2 3 4 High

 ...an understanding of three ways to intervene in suicidal behavior. (Show you care, ask about suicide, get help.)

## Low 1 2 3 4 High

 ...a better idea of resources available for help.

Low 1 2 3 4 High

I am still confused about...or would

like more information on: (include

name & phone# or e-mail if you want a response)



Changes?  Changes?  Modifications?  Improvements?  Improvements?	
Have you ever attended a suicide prevention workshop before?     □ No	
☐ Yes	Additional
2. Did this program meet your needs and expectations?  No Yes Not Sure	comments I would like to make are on back