

Training date/time: _____

Suicide Prevention Training Feedback

Thank you for attending today's Suicide Prevention training. We're interested in what you thought of the training session and how we can improve the content. *Your feedback is anonymous. Your name on this form is not necessary.* We greatly appreciate your feedback.

Please take a few minutes to complete this evaluation form. Please only evaluate the training organization, DVD presentation, content, talking points, and slides.

Your comments will assist us in further development of our Suicide Prevention training program.

Please answer the following questions by marking the box that most represents your answer.

	Not at All 1	2	3	4	Very Much 5
1. How valuable was this training for increasing your awareness of suicide risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How valuable was this training for improving your ability to talk about suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How clear was this training about what to do if you are the one thinking about suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How clear was the training about what to do if your buddy is thinking about suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How satisfied are you with the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. List three aspects of the training session that you found especially useful?

7. List three aspects of the training session that could be improved?

8. What other feedback would you like to give us?

9. Next time we provide suicide training, what should we try that is different from today and past training you received on suicide prevention?

(If you need more space, please write on the back of this questionnaire.)