

MORE
THAN SAD

Suicide Prevention for Educators

Participant Feedback Form

Date _____

Location of Training:

City State Name of School District (if applicable)

Your current professional role (check all that apply):

- Classroom Teacher
- Athletic Staff/Coach
- School Counselor
- School Administrator (Principal, Superintendent, etc.)
- School Nurse
- School Based Mental Health Professional
- School Resource Officer
- Paraprofessional/Aide
- Other (Please Specify) _____

Years of professional experience in education:

- 0-4 Years
- 5-9 Years
- 10-14 Years
- 15 or More Years

Grade level of students with whom you have contact with in your professional role (check all that apply):

- Kindergarten – 2nd
- 3rd – 5th
- 6th – 8th
- 9th – 12th
- Other (Please specify) _____



What was your primary reason for taking this program:

- Meet state requirement for suicide prevention education
- Meet requirement of school or district
- Expand professional knowledge
- Personal interest in the subject
- Other (Please specify) _____

Did you take the program in a group setting or on your own?

- Group setting
- On my own
- Other (Please specify) _____

Overall, how would you rate this educational program?

- Poor
- Fair
- Good
- Excellent

Please indicate your level of agreement with the following statements:

After completing this training...	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
I am more aware of the problem of teen suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a greater understanding of mental disorders and other risk factors for teen suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to recognize mental disorders and other problems that may put teens at risk for suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a greater understanding of how I can refer at-risk students for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more willing to refer a student at-risk for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the various program components in terms of how helpful each was in contributing to the learning objectives:

	Not Helpful	Somewhat	Helpful	Very Helpful	N/A /Did Not Use
Participant Manual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The film – <i>More Than Sad: Preventing Teen Suicide</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The film – <i>More Than Sad: Teen Depression</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PowerPoint Presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you recommend this program to others in your professional role?

- Yes
- No

What did you consider to be the best aspects of the program?

Are there aspects of the program you feel should be changed, or material you believe should be added or expanded?

Additional comments?

Please take a moment to answer a few optional demographic questions to help us better understand the populations served by our educational programs.

What is your race/ethnicity? (Check all that apply)

- White/Caucasian
- Black/African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Other (Please specify) _____

What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

What is your gender?

- Male
- Female
- Transgender
- Other (please specify)

Do you identify as LGBTQIA?

- Yes
- No

