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:

<table>
<thead>
<tr>
<th>After completing this training...</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am more aware of the problem of teen suicide.</td>
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<tr>
<td>I have a greater understanding of mental disorders and other risk factors for teen suicide.</td>
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<tr>
<td>I am confident in my ability to recognize mental disorders and other problems that may put teens at risk for suicide.</td>
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<tr>
<td>I have a greater understanding of how I can refer at-risk students for help.</td>
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<tr>
<td>I am more willing to refer a student at-risk for help.</td>
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</tbody>
</table>
Please rate the various program components in terms of how helpful each was in contributing to the learning objectives:

<table>
<thead>
<tr>
<th>Component</th>
<th>Not Helpful</th>
<th>Somewhat</th>
<th>Helpful</th>
<th>Very Helpful</th>
<th>N/A /Did Not Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Manual</td>
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<tr>
<td>The film – <em>More Than Sad: Preventing Teen Suicide</em></td>
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<tr>
<td>The film – <em>More Than Sad: Teen Depression</em></td>
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<tr>
<td>PowerPoint Presentation</td>
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<tr>
<td>Group Discussion</td>
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</tbody>
</table>

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