

CA BOCES Evaluation Summary Form Regional Professional Development

Use this form as a cover sheet for participant evaluations at the end of each regional professional development event. This form should serve as a summary of participant evaluations.

Satisfaction:

1. To what extent did the participants indicate you addressed the stated outcomes?	1	2	3	4	5
2. To what extent was the information meaningful to the participants?	1	2	3	4	5
3. To what extent did the participants indicate you promoted a positive learning environment?	1	2	3	4	5
4. To what extent did the participants predict it would impact student learning?	1	2	3	4	5
5. To what extent did the participants say they would recommend this learning opportunity?	1	2	3	4	5

Learning:

What were some of the major comments and takeaways from participants regarding what they learned?

Very Knowledgeable trainer, interactive training,
Excellent course, valuable + much needed information

What did participants indicate they still need to support further learning or application of their learning?

Time, more PD in district

What did the participants indicate they plan to do as a result of their learning?

Encourage district to facilitate
professional development in district.

Utilize action plan



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Youth Mental Health First Aid Course Evaluation Form

Location of the course: Olean Dates of course: 7/11 + 7/12
Instructor(s): Katie Mendell

I. Overall Course Evaluation

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1.	Course goals were clearly communicated.	1	2	3	4	(5)
2.	Course goals & objectives were achieved.	1	2	3	4	(5)
3.	Course content was practical and easy to understand.	1	2	3	4	(5)
4.	There was adequate opportunity to practice the skills learned.	1	2	3	4	(5)

II. A. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5.	The Instructor's presentation skills were engaging and approachable.	1	2	3	4	(5)
6.	The Instructor demonstrated knowledge of the material presented.	1	2	3	4	(5)
7.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	(5)
8.	Feedback for <u>this</u> Instructor? <u>Good eye contact, Well organized.</u>					

III. B. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9.	The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10.	The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12.	Feedback for <u>this</u> Instructor?					



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Youth Mental Health First Aid Course Evaluation Form

IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course?

It was well organized & very informative. It was great info/tools for my tool chest.

22. What do you consider to be the strengths of the course?

See #21

23. What do you consider to be the weaknesses of the course?

None

24. Was there any issue/topic you expected this course to cover which it did not address?

No

25. Why did you attend this course? (circle all that apply)			
<input checked="" type="checkbox"/> a.	My employer asked/assigned me	<input type="checkbox"/> d.	Other professional development (specify profession)
<input checked="" type="checkbox"/> b.	Personal Interest	<input type="checkbox"/> e.	Community or volunteer interest (please specify)
<input type="checkbox"/> c.	Other:		



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Youth Mental Health First Aid Course Evaluation Form

26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

☒ At work (please describe your work position): _____

☒ As a peer/friend

☒ As a parent/guardian

☒ As a volunteer/mentor

☒ As a family member

☐ Other (please describe): _____

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☐ Male ☒ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

a. American Indian or Alaskan Native

e. Hispanic or Latino origin

b. Asian

f. Native Hawaiian or other Pacific Islander

c. Black or African American

g. Other:

☒ d. Caucasian or White

30. What is your age?

a. 16-24 years

b. 25-44 years

☒ c. 45-60 years

d. 61-80 years

e. 81 years or older



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Youth Mental Health First Aid Course Evaluation Form

Location of the course: CABOCS Dates of course: 7/11 & 7/12/19
Instructor(s): Katie Mendell

I. Overall Course Evaluation

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. Course goals were clearly communicated.	1	2	3	4	5
2. Course goals & objectives were achieved.	1	2	3	4	5
3. Course content was practical and easy to understand.	1	2	3	4	5
4. There was adequate opportunity to practice the skills learned.	1	2	3	4	5

II. A. Presenter Evaluation:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5. The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6. The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7. The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8. Feedback for <u>this</u> Instructor?	Great job. Very well presented				

III. B. Presenter Evaluation:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9. The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10. The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11. The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12. Feedback for <u>this</u> Instructor?					



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IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course?

- Informative

22. What do you consider to be the strengths of the course?

- Development of an Action Plan.

23. What do you consider to be the weaknesses of the course?

- Sometimes too much info/talking & less interact

24. Was there any issue/topic you expected this course to cover which it did not address?

25. Why did you attend this course? (circle all that apply)	
a. My employer asked/assigned me	d. Other professional development (specify profession) <u>School Administrator</u>
b. Personal Interest	e. Community or volunteer interest (please specify)
c. Other:	



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Youth Mental Health First Aid Course Evaluation Form

26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

☒ At work (please describe your work position):

School Administrator

☒ As a peer/friend

☐ As a volunteer/mentor

☐ Other (please describe):

☒ As a parent/guardian

☒ As a family member

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☒ Male ☐ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

a. American Indian or Alaskan Native

b. Asian

c. Black or African American

☒ d. Caucasian or White

e. Hispanic or Latino origin

f. Native Hawaiian or other Pacific Islander

g. Other:

30. What is your age?

a. 16-24 years

b. 25-44 years

☒ c. 45-60 years

d. 61-80 years

e. 81 years or older



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Youth Mental Health First Aid Course Evaluation Form

Location of the course: Olean BOCES Dates of course: 7/11 & 7/12
Instructor(s): Katie Mendel

I. Overall Course Evaluation

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1.	Course goals were clearly communicated.	1	2	3	4	5
2.	Course goals & objectives were achieved.	1	2	3	4	5
3.	Course content was practical and easy to understand.	1	2	3	4	5
4.	There was adequate opportunity to practice the skills learned.	1	2	3	4	5

II. A. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5.	The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6.	The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8.	Feedback for <u>this</u> Instructor?					

III. B. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9.	The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10.	The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12.	Feedback for <u>this</u> Instructor?					



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IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course?

Helpful in creating consistency

22. What do you consider to be the strengths of the course?

Establishing a baseline of support

23. What do you consider to be the weaknesses of the course?

This is a good general primer

24. Was there any issue/topic you expected this course to cover which it did not address?

No

25. Why did you attend this course? (circle all that apply)	
a. My employer asked/assigned me	d. Other professional development (specify profession) <i>Educator</i>
b. Personal Interest	e. Community or volunteer interest (please specify)
c. Other:	



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26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

☒ At work (please describe your work position):

Educator

☐ As a peer/friend

☐ As a volunteer/mentor

☐ Other (please describe):

☐ As a parent/guardian

☐ As a family member

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☒ Male ☐ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

a. American Indian or Alaskan Native

b. Asian

c. Black or African American

d. Caucasian or White

e. Hispanic or Latino origin

f. Native Hawaiian or other Pacific Islander

g. Other:

30. What is your age?

a. 16-24 years

b. 25-44 years

c. 45-60 years

d. 61-80 years

e. 81 years or older



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Youth Mental Health First Aid Course Evaluation Form

Location of the course: Olean Dates of course: 7/11-12/19
Instructor(s): Katie Menda

I. Overall Course Evaluation

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1.	Course goals were clearly communicated.	1	2	3	4	(5)
2.	Course goals & objectives were achieved.	1	2	3	4	(5)
3.	Course content was practical and easy to understand.	1	2	3	4	(5)
4.	There was adequate opportunity to practice the skills learned.	1	2	3	4	(5)

II. A. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5.	The Instructor's presentation skills were engaging and approachable.	1	2	3	4	(5)
6.	The Instructor demonstrated knowledge of the material presented.	1	2	3	4	(5)
7.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	(5)
8.	Feedback for this Instructor? <u>You looked comfortable while being informative</u> <u>great eye contact & getting us up & moving</u>					

III. B. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9.	The Instructor's presentation skills were engaging and approachable.	1	2	3	4	(5)
10.	The Instructor demonstrated knowledge of the material presented.	1	2	3	4	(5)
11.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	(5)
12.	Feedback for this Instructor?					



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IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course?

great resource/book

22. What do you consider to be the strengths of the course?

examples, practice

23. What do you consider to be the weaknesses of the course?

24. Was there any issue/topic you expected this course to cover which it did not address?

no

25. Why did you attend this course? (circle all that apply)	
a. My employer asked/assigned me	d. Other professional development (specify profession) <u>School Counselor</u>
b. Personal Interest	e. Community or volunteer interest (please specify)
c. Other:	



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Youth Mental Health First Aid Course Evaluation Form

26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

- ☒ At work (please describe your work position): School counselor ☐ As a peer/friend
☐ As a parent/guardian ☐ As a volunteer/mentor
☐ As a family member ☐ Other (please describe): _____

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☐ Male ☒ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

- | | |
|--------------------------------------|--|
| a. American Indian or Alaskan Native | e. Hispanic or Latino origin |
| b. Asian | f. Native Hawaiian or other Pacific Islander |
| c. Black or African American | g. Other: |
| d. Caucasian or White | |

30. What is your age?

- | | | | | |
|----------------|----------------|----------------|----------------|----------------------|
| a. 16-24 years | b. 25-44 years | c. 45-60 years | d. 61-80 years | e. 81 years or older |
|----------------|----------------|----------------|----------------|----------------------|



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Youth Mental Health First Aid Course Evaluation Form

Location of the course: Olean (Barn)
Instructor(s): K. Menzel

Dates of course: 7/11/19 - 7/12/19

I. Overall Course Evaluation

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1.	Course goals were clearly communicated.	1	2	3	X	5
2.	Course goals & objectives were achieved.	1	2	3	X	5
3.	Course content was practical and easy to understand.	1	2	3	X	5
4.	There was adequate opportunity to practice the skills learned.	1	2	3	X	5

II. A. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5.	The Instructor's presentation skills were engaging and approachable.	1	2	3	X	5
6.	The Instructor demonstrated knowledge of the material presented.	1	2	3	X	5
7.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	X	5
8.	Feedback for <u>this</u> Instructor?					

III. B. Presenter Evaluation:

		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9.	The Instructor's presentation skills were engaging and approachable.	1	2	3	X	5
10.	The Instructor demonstrated knowledge of the material presented.	1	2	3	X	5
11.	The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	X	5
12.	Feedback for <u>this</u> Instructor?					



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Youth Mental Health First Aid Course Evaluation Form

IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	<input checked="" type="checkbox"/>	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	<input checked="" type="checkbox"/>	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	<input checked="" type="checkbox"/>	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	<input checked="" type="checkbox"/>	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	<input checked="" type="checkbox"/>	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	<input checked="" type="checkbox"/>	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	<input checked="" type="checkbox"/>	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	<input checked="" type="checkbox"/>	5

21. What is your overall response to this course?

Needed for a growing concern.

22. What do you consider to be the strengths of the course?

Valuable information / Good interaction

23. What do you consider to be the weaknesses of the course?

may need more time

24. Was there any issue/topic you expected this course to cover which it did not address?

NO

25. Why did you attend this course? (circle all that apply)

a. My employer asked/assigned me

d. Other professional development (*specify profession*)

☒ b. Personal Interest

e. Community or volunteer interest (*please specify*)

c. Other:



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Youth Mental Health First Aid Course Evaluation Form

26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

- ☒ At work (please describe your work position): middle school teacher
- ☐ As a parent/guardian
- ☐ As a family member
- ☐ As a peer/friend
- ☐ As a volunteer/mentor
- ☐ Other (please describe): _____

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☒ Male ☐ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

- | | |
|---|--|
| a. American Indian or Alaskan Native | e. Hispanic or Latino origin |
| b. Asian | f. Native Hawaiian or other Pacific Islander |
| c. Black or African American | g. Other: |
| <input checked="" type="checkbox"/> d. Caucasian or White | |

30. What is your age?

- | | | | | |
|----------------|----------------|----------------|--|----------------------|
| a. 16-24 years | b. 25-44 years | c. 45-60 years | <input checked="" type="checkbox"/> d. 61-80 years | e. 81 years or older |
|----------------|----------------|----------------|--|----------------------|



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Youth Mental Health First Aid Course Evaluation Form

Location of the course: OLEAN CAROLLES Dates of course: 7/11 & 12/2019
Instructor(s): KATE MENDELL

I. Overall Course Evaluation

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. Course goals were clearly communicated.	1	2	3	4	5
2. Course goals & objectives were achieved.	1	2	3	4	5
3. Course content was practical and easy to understand.	1	2	3	4	5
4. There was adequate opportunity to practice the skills learned.	1	2	3	4	5

II. A. Presenter Evaluation:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5. The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6. The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7. The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8. Feedback for <u>this</u> Instructor? <u>EXCELLENT COURSE.</u>					

III. B. Presenter Evaluation:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9. The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10. The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11. The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12. Feedback for <u>this</u> Instructor?					



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Youth Mental Health First Aid Course Evaluation Form

IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course? *EXCELLENT*

22. What do you consider to be the strengths of the course? *HAND OUT FOR CATT. CO. & THE BOOK*

23. What do you consider to be the weaknesses of the course? *PRACTICE WHAT TO SAY.*

24. Was there any issue/topic you expected this course to cover which it did not address? *NO.*

25. Why did you attend this course? (circle all that apply)	
a. My employer asked/assigned me	d. Other professional development (specify profession)
b. Personal Interest	e. Community or volunteer interest (please specify)
c. Other: <i>TO BETTER PREPARE FOR ONLINE STUDENTS</i>	



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Youth Mental Health First Aid Course Evaluation Form

26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

- ☒ At work (please describe your work position): ON LINE MENTOR IN HS LIBRARY ☐ As a peer/friend
☐ As a parent/guardian ☐ As a volunteer/mentor
☒ As a family member ☐ Other (please describe): _____

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☐ Male ☒ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

a. American Indian or Alaskan Native	e. Hispanic or Latino origin
b. Asian	f. Native Hawaiian or other Pacific Islander
c. Black or African American	g. Other:
<input checked="" type="checkbox"/> d. Caucasian or White	

30. What is your age?

a. 16-24 years	b. 25-44 years	c. 45-60 years	<input checked="" type="checkbox"/> d. 61-80 years	e. 81 years or older
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Youth Mental Health First Aid Course Evaluation Form

Location of the course: Olean Boies Dates of course: 7/11 - 7/12 2019
Instructor(s): Katherine Mendell

I. Overall Course Evaluation

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. Course goals were clearly communicated.	1	2	3	4	5
2. Course goals & objectives were achieved.	1	2	3	4	5
3. Course content was practical and easy to understand.	1	2	3	4	5
4. There was adequate opportunity to practice the skills learned.	1	2	3	4	5

II. A. Presenter Evaluation:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
5. The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
6. The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
7. The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
8. Feedback for this Instructor? <u>Very thorough</u>					

III. B. Presenter Evaluation:

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
9. The Instructor's presentation skills were engaging and approachable.	1	2	3	4	5
10. The Instructor demonstrated knowledge of the material presented.	1	2	3	4	5
11. The Instructor facilitated activities and discussion in a clear and effective manner.	1	2	3	4	5
12. Feedback for this Instructor? <u>She got us up and moving.</u>					



YOUTH
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FIRST AID®

Youth Mental Health First Aid Course Evaluation Form

IV. Practical Application

As a result of this training, I feel more confident that I can...		Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
13.	Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	1	2	3	4	5
14.	Reach out to a young person who may be dealing with a mental health challenge.	1	2	3	4	5
15.	Ask a young person whether s/he is considering killing her/himself.	1	2	3	4	5
16.	Actively and compassionately listen to a young person in distress.	1	2	3	4	5
17.	Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	1	2	3	4	5
18.	Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	1	2	3	4	5
19.	Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer and personal supports.	1	2	3	4	5
20.	Be aware of my own views and feelings about mental health problems and disorders.	1	2	3	4	5

21. What is your overall response to this course?

I feel better prepared to assist youth.

22. What do you consider to be the strengths of the course?

The specific, easy to remember techniques.

23. What do you consider to be the weaknesses of the course?

None.

24. Was there any issue/topic you expected this course to cover which it did not address?

No.

25. Why did you attend this course? (circle all that apply)

a.	My employer asked/assigned me	d.	Other professional development (specify profession)
b.	Personal Interest	e.	Community or volunteer interest (please specify)
c.	Other:		



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26. In what role do you see your Mental Health First Aid training being of use? (Check all that apply):

☒ At work (please describe your work position):

Teacher/coach

☒ As a parent/guardian

☒ As a family member

☒ As a peer/friend

☒ As a volunteer/mentor

☐ Other (please describe): _____

27. Would you recommend this course to others? ☒ Yes ☐ No

28. What is your gender? ☒ Male ☐ Female

29. How do you describe your race/ethnicity? (Please circle all that apply)

a. American Indian or Alaskan Native

b. Asian

c. Black or African American

☒ d. Caucasian or White

e. Hispanic or Latino origin

f. Native Hawaiian or other Pacific Islander

g. Other:

30. What is your age?

a. 16-24 years

☒ b. 25-44 years

c. 45-60 years

d. 61-80 years

e. 81 years or older