

# WORKSHOP EVALUATION FORM

## NWAC Youth Violence Prevention Workshops

Name of Violence Prevention Workshop: \_\_\_\_\_

### Participant Contact Information

Name / Organization (optional): \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

### Workshop Evaluation Questions

1. Did you find the workshop helpful to you personally?

Yes                      No

2. Were the things we discussed important to you?

Yes                      No

3. Did the workshop give you ideas on how to get involved in violence prevention in your community?

Yes                      No

4. Did the workshop offer you valuable information on how to protect yourself?

Yes                      No

5. Did the workshop give you some valuable information on how to deal with violence issues?

Yes                      No

6. Was the workshop material appropriate for youth?

Yes                      No

7. Did you like the activities and icebreakers offered during the workshop?

Yes                      No

8. Would you want to share information you learned here with your friends?

Yes                      No

9. Do you think the information presented was relevant to Aboriginal Youth?

Yes                      No

10. What did you not like about the workshop?

\_\_\_\_\_

11. How would you rank the workshop overall (from 1-5)

1      2      3      4      5

### NWAC YC Violence Prevention Toolkit Material / Hand Outs

1. Did you personally find hand outs from the Toolkit useful and interesting?

Yes                      No

2. Do you think the Toolkit contains valuable tools/hand outs for youth and community organizations?

Yes                      No

3. Do you think the Toolkit may be a useful resource for violence prevention in communities?

Yes                      No

4. Which parts of the Toolkit you liked the best?

\_\_\_\_\_

5. What do you think is missing from the Toolkit?

\_\_\_\_\_

6. Would you be able to use the Toolkit in your community?

Yes                      No

7. Did you get some ideas from the Toolkit on how to get involved with violence prevention in your community?

Yes                      No

8. Would you recommend this Toolkit to other organizations?

Yes                      No

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

