

**Form B: Evaluation Form for Bullying Prevention Training Module Participants
(Completed Four Months After the Training Module)**

Thank you for your participation in a Bullying Prevention Training approximately four months ago. This form will be used to gain an understanding of how helpful the Training Module and Community Action Toolkit was in meeting your bullying prevention and response goals.

Information and feedback on the accomplishments and the challenges you faced, or may be facing, in organizing and sustaining a community-wide bullying response and prevention effort is appreciated.

1. How many community events have taken place since you participated in the Bullying Prevention Training Module? _____
2. Please provide information below about each community event that has occurred or is in the planning stages. If there were more than three events, describe the three most recent.

	Event 1	Event 2	Event 3
What was the target area for the event and/or initiative? <i>(Note: Your answer could describe a geographic area or one/several institutions or agencies.)</i>			
What was/is the date of the event?			
Briefly describe the nature of the event. (e.g., a town hall meeting, workshop)			
What was/is the target audience(s) for the event?			
Explain strategies in planning and organizing the event(s): <i>(e.g., was it planned by a single agency or by a coalition?)</i>			
What were the objectives of the event?			
How many individuals were engaged in the			

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planning and organization of the event?			
How many attended?			
Did this number meet your expectations?	<input type="checkbox"/> Below my expectations <input type="checkbox"/> Met my expectations <input type="checkbox"/> Exceeded my expectations	<input type="checkbox"/> Below my expectations <input type="checkbox"/> Met my expectations <input type="checkbox"/> Exceeded my expectations	<input type="checkbox"/> Below my expectations <input type="checkbox"/> Met my expectations <input type="checkbox"/> Exceeded my expectations
How many of the objectives of the town hall meeting(s) or other community event(s) were met?	<input type="checkbox"/> All objectives were met <input type="checkbox"/> Most of the objectives were met <input type="checkbox"/> Some of them <input type="checkbox"/> None of them	<input type="checkbox"/> All objectives were met <input type="checkbox"/> Most of the objectives were met <input type="checkbox"/> Some of them <input type="checkbox"/> None of them	<input type="checkbox"/> All objectives were met <input type="checkbox"/> Most of the objectives were met <input type="checkbox"/> Some of them <input type="checkbox"/> None of them
What long-term goals were established by the participants?			

3. Considering all events described in Question 2, identify which tools from the Community Action Toolkit have been used (check box in 1st column) and rate the overall usefulness. For each attribute, use the 3-part scale of: **0=not applicable or cannot say/ 1= little to not at all.../2=somewhat.../3=very...** (Circle best response from 0 to 3)

✓ If used	Tools	Usefulness			
		NA/ not useful to very useful			
	Template Community Event Agenda	0	1	2	3
	Landscape Assessment	0	1	2	3
	Community Engagement Tip Sheet	0	1	2	3
	Guide To Mobilizing Communities In Bullying Prevention	0	1	2	3
	Action Planning Matrix	0	1	2	3
	Tips for Working With The Media	0	1	2	3
	Funding Ideas For Supporting Bullying Prevention Efforts	0	1	2	3
	Bullying and Suicide: Cautionary Notes	0	1	2	3

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4. Thinking of community events you described in Question 2, how satisfied were you with the outcomes and plans for future efforts?

Outcomes & Future Efforts	Dissatisfied	Neutral	Satisfied
Commitment of core partners/stakeholders was strengthened by the turnout and/or interest expressed by participants	1	2	3
Additional stakeholders joined and offered to help because of the event(s)	1	2	3
Participants agreed to reach out to the community, share the knowledge, hold similar events, or fundraise	1	2	3
Consensus by the larger group was shown on the proposed goals for community resources and prevention efforts	1	2	3
Other (please specify): _____			

5. How important was the information below (as presented at the Bullying Prevention Module Training) in meeting your needs, or those of your group/agency.

Training & Event Elements	Very unimportant	Somewhat unimportant	Somewhat important	Very important
Bullying Defined	1	2	3	4
Description of the Many Forms of Bullying	1	2	3	4
Ten Key Findings About Bullying	1	2	3	4
Best Practices in Bullying Prevention & Intervention	1	2	3	4
Misdirections in Bullying Prevention & Intervention (video)	1	2	3	4
Case Studies: What's Working in Bullying Prevention and Response	1	2	3	4
Action Planning & Group Brainstorm	1	2	3	4
Next Steps: Putting What You Learned Into Practice	1	2	3	4
Community Action Toolkit	1	2	3	4

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6. What do you think are the **two** main obstacles to success in planning and implementing your community's response strategies?
- a. _____ Interest and commitment by community leaders is too low
 - b. _____ Community agencies lack the time and resources
 - c. _____ Prevention capacity of critical agencies/organizations is weak
 - d. _____ Conflicting priorities and scarce resources at schools and most youth-serving agencies and community groups
 - e. _____ Mistrust and/or competitiveness makes coalition-building difficult
 - f. _____ Other: _____
 - g. _____ Other: _____
7. What other information, materials or resource needs would be helpful in organizing awareness-raising events and community prevention responses?
8. How have you, or your group/agency, applied the information you gained at the initial community event to your work?
9. As a result of your efforts to raise awareness about bullying and develop a call-to-action for your sector/community, do you believe that your organization's priorities in bullying prevention have changed from six months ago to now:
- Remains a very important priority
 - Has become very important
 - Has become somewhat important
 - Has become a priority, yet not an important one
 - Remains not a priority at all

Thank you for taking the time to provide feedback!

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.