

## Form C: Feedback Form for Community Event Participants (Completed Immediately After the Event)

You just attended a community event that used a resource called: Bullying Prevention Training Module and Community Action Toolkit. Your feedback on the content and quality of this event is appreciated.

Event title: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Event Convener: \_\_\_\_\_ Event Location: \_\_\_\_\_

1. How did you learn about this event?

- In the media
- Colleague, co-worker or friend
- Invited by a community member, group or agency
- Invited by event organizers
- Helped to organize or host the event
- Other (explain) \_\_\_\_\_

2. What did you expect to *bring to* and/or *take away* from the event? (Select all that apply.)

- Expand my understanding on the problem of bullying among youth
- Learn about what can be done to prevent bullying
- Network and make contact with community partners/agencies
- Give support to the bullying prevention initiative
- Offer advice on bullying prevention (or related area) from my expertise or profession
- Other (explain) \_\_\_\_\_

3. How satisfied were you with the event logistics and the training?

Planning & logistics	Dissatisfied	Neutral	Satisfied
Publicity for the event(s)	1	2	3
On-site facilities	1	2	3
Number of participants	1	2	3
Content & Delivery	Dissatisfied	Neutral	Satisfied
Quality/Clarity of presentation	1	2	3
Length of the entire program	1	2	3
Content of the training	1	2	3
Quality of the materials	1	2	3

4. What did you like the most about the event?

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5. What changes or additions would have improved the event?
6. Rate the extent to which your knowledge about bullying prevention and response increased as a result of this event.

Knowledge Areas	Learned <u>nothing new</u>	Learned <u>some new things</u> , but knew <u>much of what was shared</u> .	Learned a <u>great deal</u>
a. What is bullying and how can it be detected?	1	2	3
b. What is the prevalence of bullying among youth for different age groups, and for girls and boys?	1	2	3
c. What are the possible consequences for children who bully, are bullied, and are bully/victims?	1	2	3
d. What are the elements of best practice in bullying prevention and response?	1	2	3
e. What misdirections should be avoided in bullying policies and practices?	1	2	3
f. Why are community strategies in bullying prevention needed and being advocated for?	1	2	3

7. How willing are you to play an active role in advocating for or participating in the bullying prevention initiative?
- Extremely committed and interested
  - Somewhat interested in assisting
  - Not interested
  - Interested, but unable to assist at this time
8. If you responded that you are willing to play an active role in this community initiative, please indicate the ways you want to assist. (Select all that apply.)
- Assist with outreach and/or publicity for future events
  - Serve as a spokesperson for my group, agency or sector
  - Assist in planning and organizing another event
  - Serve on the coalition or group planning the community initiative
  - Contribute materials, services or financial resources in support of the initiative
  - Other: \_\_\_\_\_

*If you represent a group, business or agency, please answer the following questions. If not, please skip the next two questions.*

9. Describe the type of organization that you are with or represent. Check all that apply.

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- Education
- Government & Elected Officials
- Health & Safety
- Law Enforcement
- Child Care/After School & Out-of-School Care
- Faith-Based
- Corporation or business
- Mental Health & Social Service
- Parents & Caregivers
- Youth Leaders Organizations
- City/County Recreation
- Other (explain) \_\_\_\_\_

10. In your opinion, how important a priority is bullying prevention for your group or agency currently?

- Very important priority
- Somewhat important priority
- Not an important priority
- 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.