

Form D: Feedback Form for Community Event Participants (Completed Four Months After the Initial Community Event)

You attended an event about four months ago that was convened by (organization/contact person) to share information about the issue of bullying among youth and what can be done to prevent it.

We are interested in your feedback on the information and resources that were shared at this event and would like to know what further actions you, or the organization that you work for or represent, may have taken in support of this community initiative.

Background Information

1. Please select the sector that best describes the organization you are primarily affiliated with.

<input type="radio"/> Elected officials and government <input type="radio"/> Educators <input type="radio"/> Health and safety professionals <input type="radio"/> Law enforcement officials <input type="radio"/> Mental health and social services professionals <input type="radio"/> Faith-based	<input type="radio"/> City/county recreation <input type="radio"/> Parents and caregivers <input type="radio"/> Corporate and business professionals <input type="radio"/> Child care/after school & out-of-school care professionals <input type="radio"/> Youth leaders organizations
<input type="radio"/> Other (describe)	

2. Do you currently live and/or work in the target area for the bullying prevention event and initiative?

- Yes, I live and work in the target area
- I live outside of the target area, but my work covers this area
- No, I live and work outside of the target area

Activities Following the Initial Community Event

3. To your knowledge, have there been follow-up initiatives or activities in your community that have focused on the issue of bullying among children and youth?

Yes
 No (If no, skip to question 9)

4. Please describe the nature of any follow-up initiative or activities in your community.

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5. Were these initiatives or activities coordinated by a group or a coalition?

- Yes - Name: _____
 No
 I'm not sure

6. Have you (or the group/agency you represent) participated in any of these initiatives or activities?

- Yes
 No

7. If you answered yes to question 6, please describe roles you or your organization played in these initiatives or activities. (Select all that apply.)

- Recruited participants, sponsors or partnering agencies for subsequent activities
- Helped to plan another awareness-raising event
- Joined the coalition/group that is planning the community prevention initiative
- Contributed time, materials or financial resources to the initiative
- Other (describe) _____
- Other (describe) _____

8. If you answered yes to question 5, how would you characterize the work of this group/coalition's bullying prevention initiative? Rate the following qualities as *not at all true* to *very true*.

The planning group/coalition...	Not at all true	Some-what true	Very True
a. Facilitates group communications and consensus-building with respect and inclusiveness	1	2	3
b. Reaches out and draws in a diverse and committed group of stakeholders & community leaders	1	2	3
c. Maximizes the strengths of individuals and agencies in assigning tasks	1	2	3
d. Sets clear objectives and action steps	1	2	3
e. Organizes efficient meetings and well-managed events	1	2	3
f. Collects and uses data to inform decisions, and constantly improve strategies and outcomes	1	2	3

9. How have you, or your group/agency, applied the information you gained at the initial community event to your work?

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10. What additional information and resources are needed to proceed with *next steps* in implementing prevention plans and strategies in your community?

Thank you for taking the time to provide feedback!

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