

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

Thank you for your participation in the HRSA Bullying Prevention Training on _____. 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.

1. Since completing the training, have you conducted activities using the Bully Prevention Training Module and/or Community Action Toolkit?
 - a. Yes (continue to question 2)
 - b. No (end survey)

2. Since completing the training, have you shared the Bullying Prevention Training Module?
 Yes (skip to questions 2a and 2b)
 No (skip to question 3)
 - a. If yes, how have you shared the Module? (Please select all that apply)
 - 1) Shared presentation by email
 - 2) Provided copies of the presentation to others
 - 3) Presented the Training Module
 - 4) Other, please specify: _____

 - b. With what professions or groups have you shared the Module? (Please select all that apply)
 - 1) General public/community members
 - 2) Education
 - 3) Health & Safety
 - 4) Law Enforcement
 - 5) Child Care/After-School & Out-of-School Care
 - 6) Faith-Based
 - 7) Corporation or business
 - 8) Mental Health & Social Service
 - 9) Parents & Caregivers
 - 10) Youth Leaders Organizations
 - 11) City/County Recreation
 - 12) Government & Elected Officials
 - 13) Other, please specify: _____

3. Since completing the training, have you shared the Community Action Toolkit?
 Yes (skip to questions 3a and 3b)
 No (skip to question 4)
 - a. If yes, how have you shared the Community Action Toolkit? (Please select all that apply)
 - 1) Shared Community Action Toolkit by email

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- 2) Provided copies of the Community Action Toolkit to others
 - 3) Used the Community Action Toolkit to host an event
 - 4) Other, please specify: _____
- b. With what professions or groups have you shared the Community Action Toolkit?
(Please select all that apply)
- 1) General public/community members
 - 2) Education
 - 3) Health & Safety
 - 4) Law Enforcement
 - 5) Child Care/After-School & Out-of-School Care
 - 6) Faith-Based
 - 7) Corporation or business
 - 8) Mental Health & Social Service
 - 9) Parents & Caregivers
 - 10) Youth Leaders Organizations
 - 11) City/County Recreation
 - 12) Government & Elected Officials
 - 13) Other, please specify: _____
4. Since completing the training, have you conducted any community events using information or resources from the Bullying Prevention Training Module and/or Community Action Toolkit?
- ___ Yes (skip to question 4a)
- ___ No (skip to question 5)
- (a) If yes, how many community events have taken place since you participated in the Bullying Prevention Training Module? ____
5. What other information, materials, or resources would be helpful as you conduct activities using the Bullying Prevention Training Module and/or Community Action Toolkit?

Thank you for taking the time to provide feedback!

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