

Participant Feedback Form

More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel

1. Location where program was taken

City _____ State _____

2. Date program was completed Month__ /Day__ /Year _____

3. Your *primary* professional role

___ teacher (please check *primary* subject area below)

___ health/health education

___ English

___ history/social studies/citizenship

___ mathematics/computer science

___ life science/physical science

___ languages

___ business studies

___ physical education

___ art/design/music/drama/dance

___ technical studies

___ special education

___ other (specify) _____

___ guidance counselor

___ school social worker

___ school psychologist

___ school nurse

___ school resource officer

___ school administrator (please specify title) _____

___ athletic staff/coach

___ other (please specify) _____

4. Years of professional experience in education

___ 0-4 years

___ 5-9 years

___ 10-14 years

___ 15 or more years

5. Grade level of adolescents with whom you have contact in your professional role (check all that apply)

- 9th
- 10th
- 11th
- 12th
- other (please specify) _____

6. What was your *primary* reason for taking this program (please check one)

- to meet state requirement for suicide prevention education
- to meet requirement of my school or district
- to expand professional knowledge
- personal interest in the subject
- other (please specify)

7. Did you take the program in a group setting or on your own?

- group setting
- on my own
- other (specify)

8. Overall, how would you rate this educational program?

Poor	Fair	Good	Excellent
1	2	3	4

9. Please rate the program in terms of each of the following learning objectives.

How much the program increased ...	Poor	Fair	Good	Excellent
My awareness of the problem of teen suicide	1	2	3	4
My understanding of mental disorders and other risk factors for teen suicide	1	2	3	4
My understanding of how mental disorders in teens can be treated	1	2	3	4
My understanding of how suicidal behavior in teens can be prevented	1	2	3	4
My ability to recognize mental disorders and other problems that may put teens at risk for suicide	1	2	3	4
My understanding of how I can refer at-risk students for help	1	2	3	4

10. Please rate the various program components in terms of how helpful each was in contributing to the learning objectives.

Program component	Not helpful	Somewhat helpful	Very helpful	Did not use/ Not applicable
Written manual	1	2	3	4
The film <i>More than Sad: Preventing Teen Suicide</i>	1	2	3	4
The film <i>More than Sad: Teen Depression</i>	1	2	3	4
Presenter's PowerPoint slides	1	2	3	4
Group discussions	1	2	3	4
Test Your Knowledge quiz	1	2	3	4

11. Would you recommend this program to others in your professional role?

No	Probably Not	Probably	Definitely
1	2	3	4

12. What did you consider to be the best aspects of the program? Please describe briefly.

13. Are there aspects of the program you feel should be changed, or material you believe should be added or expanded?

14. Any additional comments and recommendations about the program, the manual or the films will be appreciated.

**Thank you for your responses.
Please return your completed form to your group facilitator or trainer,
or mail directly to:**

**Sarah Azrak, Education Administrator
American Foundation for Suicide Prevention
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New York, NY 10005**