



## Participant Feedback Form

**Date:** \_\_\_\_\_

**Your organization or affiliation:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Trainer:** \_\_\_\_\_

Please rate your agreement with each of the following statement before the presentation starts today. After the presentation is completed today please rate your self again on the same questions.

For each question please circle one number before the presentation and one number after the presentation.

1= strongly disagree ; 2= somewhat disagree; 3= neutral; 4= somewhat agree; 5= strongly agree

	<b>My level of agreement <i>before</i> the presentation today is.....</b>	<b>My level of agreement <i>after</i> the presentation today is.....</b>
<b>I feel prepared to identify warning signs and risk factors of woman abuse</b>	1    2    3    4    5	1    2    3    4    5
<b>I feel prepared to provide referrals to an abused woman or an abusive man</b>	1    2    3    4    5	1    2    3    4    5
<b>I feel prepared to provide other supports (e.g., empathetic listening, not blaming) to an abused woman or calm, non-confrontational discussion with an abusive man</b>	1    2    3    4    5	1    2    3    4    5