



## Community Professionals Training Evaluation Form

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

**Location of Training:** \_\_\_\_\_

**Trainer(s):** \_\_\_\_\_

1. Please rate your agreement with each of the following statement before the training starts today. After the training is completed today please rate your self again on the same questions. For each question please circle one number before the training and one number after the training

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

	<b>My level of agreement <i>before</i> the training today is.....</b>	<b>My level of agreement <i>after</i> the training today is.....</b>
<b>I feel prepared to educate neighbours, friends and families 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 educate neighbours, friends and families 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 educate neighbours, friends and families 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
<b>I feel prepared to get the message out in my community about the warning signs and risk factors of women abuse</b>	1    2    3    4    5	1    2    3    4    5
<b>I am confident that I will be able to track the NFF activities and outcomes in my community</b>	1    2    3    4    5	1    2    3    4    5

