

Insert College Name/Logo Here



## Participant Feedback Form: 60-Day Training Follow-Up Assessment

We would like your feedback on the (TRAINING TOPIC/TITLE) training that you attended on (DATE) at (College Name). Please take a moment to complete the short evaluation. The survey is brief and should only take about 5 minutes of your time. Your responses will be used to inform an annual report submitted to the CA State Legislature on usage of one-time funds that were awarded to California's Community Colleges in 2017-18 and 2018-19 to support mental health services and training.

### TRAINING RECIPIENT INFORMATION

**1. What is your primary role on campus?**

- Full-Time Faculty
- Part-Time/Adjunct Faculty
- Administrator
- Staff
- Student
- Other (please specify): \_\_\_\_\_

**2. Please indicate how long you have served in your current position.**

- 1-2 years
- 3-4 years
- 5-6 years
- 6 or more years

**3. Are there any special student populations that you support (e.g., former foster youth, veterans, etc.)**

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

**4. How did you hear about this training opportunity?**

- E-mail Invitation
- Promotional Flyer
- Campus Website
- From my Manager or Supervisor
- Another Faculty or Staff Member
- Other (please specify): \_\_\_\_\_

**5. What is the best way for you to learn about future training opportunities?**

- E-mail Invitation
- Promotional Flyer
- Campus Website
- From my Manager or Supervisor
- Another Faculty or Staff Member
- Other (please specify): \_\_\_\_\_

### TRAINING EVALUATION ITEMS

6. The next series of items asks you to think about how your skills and actions may have changed as a result of the training.

***As a result of participating in this training...***

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
a) I can identify the places or people where I should refer students with mental health needs/distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I have referred students with mental health needs/distress to services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I have accessed educational or resource materials to learn more about student mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel comfortable discussing mental health issues with all types of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have discussed mental health issues with all types of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am confident in my ability to help other colleagues address student mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I have helped colleagues address student mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**As a result of participating in this training...**

e) I can identify the warning signs of mental health distress.

Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please read each statement and rate how your behavior has changed, specifically any actions you have taken or are now likely to take in any of the following activities because of your participation in the training.

***If a student showed signs that they might be experiencing mental health distress, as a result of participating in this training I am able to...***

a) Direct them to professional help (e.g., hospital, mental health center, counselor, etc.).

Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Call a crisis line with them present (e.g., 911, city/campus crisis hotline) to get help.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) Encourage them to talk with parents or friends about problems.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d) Provide them with advice and guidance about how to help themselves.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e) Take them to get help (e.g., hospital, mental health center, counselor, etc.).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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f) Give them a specific number or person to call.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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g) Ask them specific questions to assess their level of distress or seriousness of the problem.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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h) Call security/administrator/counselor to deal with the student.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. What other trainings would be helpful for you to support student mental health and wellness?

9. Additional Comments

## DEMOGRAPHICS

The following demographic questions assess how well California's diverse populations are being served. Your responses will be kept completely anonymous; responses to anonymous surveys cannot and will not be traced back to the respondent. Your responses will be combined with those of many others and summarized in a report to further protect your anonymity.

1. **What is your age?** \_\_\_\_\_
2. **What was your assigned sex at birth?**
  - Female
  - Male
  - Prefer not to state
3. **What is your race? (CHECK ALL THAT APPLY)**
  - White/Caucasian
  - American Indian or Native Alaskan
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - More than one race (please specify):  
\_\_\_\_\_
  - Other (please specify):  
\_\_\_\_\_
  - Prefer not to state
4. **What is your ethnicity? (CHECK ALL THAT APPLY)**
  - Hispanic or Latino
  - Non-Hispanic or Non-Latino
  - More than one ethnicity (please specify):  
\_\_\_\_\_
  - Prefer not to state
5. **What is your primary language used?**  
\_\_\_\_\_
6. **What is your veteran status? (CHECK THE ONE BEST ANSWER)**
  - Veteran
  - Not a veteran
  - Active duty military
7. **What is your disability status? (CHECK ALL THAT APPLY)**
  - No disability
  - Have a disability, including:
    - Disability in the communication domain (seeing, hearing, having speech understood, other)
    - Disability in the mental domain, not including mental illness (learning disability, developmental disability, dementia, other)
  - Chronic health condition or other disability
  - Prefer not to state
8. **What is your current gender identity? (CHECK THE ONE BEST ANSWER)**
  - Female
  - Male
  - Transgender
  - Genderqueer
  - Questioning/unsure of gender identity
  - Another gender identity (please specify):  
\_\_\_\_\_
  - Prefer not to state
9. **What is your sexual orientation? (CHECK THE ONE BEST ANSWER)**
  - Gay/Lesbian
  - Heterosexual/Straight
  - Bisexual
  - Questioning/unsure of sexual orientation
  - Queer
  - Another sexual orientation (please specify):  
\_\_\_\_\_
  - Prefer not to state

***Thank you for completing our survey!***