

Insert College Name/Logo Here



## Participant Feedback Form: On-Site Training Evaluation

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.

Topic/Title: \_\_\_\_\_ Presenter: \_\_\_\_\_  
Date: \_\_\_\_\_ College: \_\_\_\_\_

### TRAINING RECIPIENT INFORMATION

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

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

**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

**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): \_\_\_\_\_

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

Please specify:

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

### OVERALL SATISFACTION

	<i>Very Satisfied</i>	<i>Mostly Satisfied</i>	<i>Satisfied</i>	<i>Somewhat Satisfied</i>	<i>Not at All Satisfied</i>
<b>6. Please rate your overall satisfaction with this training.</b>	5	4	3	2	1

**7. What other trainings would be helpful for you to support student mental health and wellness?**

**8. Additional Comments**

*Please continue next page*

**TRAINING EVALUATION ITEMS**

9. The next series of items asks you to think about how your skills may have changed as a result of this training. Please read each statement and rate the extent to which you would have agreed with the statement **BEFORE** participating in this training. Then, rate the extent to which you agree with the statement now **AFTER** participating in this training.

	<b>BEFORE</b> I attended the training						<b>AFTER</b> I attended the training					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A		
	<b>(ON EACH LINE MARK ONE FOR "BEFORE" AND ONE FOR "AFTER")</b>											
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b) I have easy access to the educational or resource materials I need to learn about student mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d) 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e) I am aware of the warning signs of mental health distress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10. These items ask you to think about how your actions may have changed because of this training. Please read each statement and rate how likely it would have been for you to act in the following way **BEFORE** participating in this training. Then, rate how likely it is now **AFTER** participating in this training. We understand that not all the topics may have been covered in the training. If the topic was not covered during your training, please mark "N/A."

	<b>BEFORE</b> I attended the training						<b>AFTER</b> I attended the training					
	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A		
	<b>If a student showed signs that they might be experiencing mental health distress, I would...</b> <b>(ON EACH LINE MARK ONE FOR "BEFORE" AND ONE FOR "AFTER")</b>											
a) Encourage them to get professional help (e.g., hospital, mental health center, counselor, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g) Ask them specific questions to assess their level of distress or seriousness of problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Please continue next page*

## 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.

**What is your age?** \_\_\_\_\_

**What was your assigned sex at birth?**

- Female
- Male
- Prefer not to state

**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

**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

**What is your primary language used?**  
\_\_\_\_\_

**What is your veteran status? (CHECK THE ONE BEST ANSWER)**

- Veteran
- Not a veteran
- Active duty military

**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

**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

**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!***