



Regional Training Evaluation Form

Training Title: _____

Training ID: _____

Training Date: _____

County Sponsoring the Event: _____

County where Event is being held: _____

The following questions will help us understand how to improve our training. Please do not write your name on this survey so your answers will be kept anonymous. This means your co-workers, administrators, or any other person not associated with this training will not see your answers to this survey. Your responses are very important to us. Thank you for filling out this form.

1. Please rate the extent to which you agree with the following statements.
(CHECK ONE ON EACH LINE)

	Not Applicable 0	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
a) The training addressed prevention and early intervention topics relevant to student mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The training objectives were clearly communicated and followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The content was well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The resources/materials distributed were pertinent and useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The trainer was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The information was presented in a clear and engaging manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The trainer facilitated activities and discussion effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Overall, the training was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) The training I received meets the unique needs of the students I work with (e.g., diverse ethnic/language groups, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ), low income.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) It is important for staff and faculty to attend trainings like this one to support students in the prevention of social-emotional issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The next series of items asks you to think about how your knowledge and 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. We understand that not all of the topics may have been covered in the training. If this is the case, your ratings may be the same for "Before" and "After."
(ON EACH LINE, MARK ONE FOR "BEFORE" AND ONE FOR "AFTER")

	Not Applicable 0	BEFORE I attended the training					AFTER I attended the training				
		Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
a) I have a high level of usable knowledge about the topic.	<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"/>	<input type="checkbox"/>
b) I feel confident in my ability to apply the skills presented in today's training.	<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"/>	<input type="checkbox"/>
c) I understand the relationship between this training and early intervention and prevention.	<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"/>	<input type="checkbox"/>

The California County Superintendents Educational Services Association's Regional K-12 Student Mental Health Initiative is administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.



3. Choose the one option below that best describes your agency or organization:

- | | |
|--|--|
| <input type="checkbox"/> County Mental Health | <input type="checkbox"/> County Office of Education |
| <input type="checkbox"/> Community-based Mental Health | <input type="checkbox"/> Family Advocate |
| <input type="checkbox"/> Probation / Law Enforcement | <input type="checkbox"/> Alcohol / Drug Prevention |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Family / Caregivers |
| <input type="checkbox"/> School District | <input type="checkbox"/> Other (Please specify): _____ |

4. What is your age?

- 16-25
- 26-59
- 60-84
- 85+

5. What is your gender?

- Male
- Female
- Other (e.g., Transgender)

6. Are you of Hispanic, Latino or Spanish origin?

- Yes
- No

7. What is your race? **(CHECK ALL THAT APPLY)**

- White
- Black or African American
- Asian
- American Indian/Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other (Please specify): _____

8. Do you work with any of the following special populations? **(CHECK ALL THAT APPLY)**

- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)
- Foster Care Youth
- Ethnic Minorities
- Homeless Youth
- Students with Disabilities
- Students in Alternative Schools for At-Risk Youth
- Other (Please specify): _____

9. Which student population do you work with? **(CHECK ALL THAT APPLY)**

- Pre-K
- K-5th grade
- 6-8th grade
- 9-12th grade

10. What is your role at your school, campus, agency or organization?

- Full-time Faculty/Teacher/Assistant Teacher
- Part-time Faculty/Adjunct Faculty
- Administrator
- Other School Staff (Please specify): _____
- Other Non-School Staff (Please specify): _____

THANK YOU FOR YOUR PARTICIPATION!