



Feedback form: Fun Friends and FRIENDS for Life Training day

Date: _____

Venue and trainer: _____

Name and contact details (optional): _____

My current position is (please specify year level if classroom teacher):

*Please respond to the following question **prior** to the workshop's commencement:*

1. Briefly outline your expectations of today's workshop (e.g. what you hope to learn):

*Please respond to the following questions **at the workshop's completion**:*

We value your feedback, and would greatly appreciate you taking a couple of minutes to answer the following questions. Please feel free to contact us via phone or email if you would like to give more detailed feedback.

(1) Strongly Disagree (2) Disagree (3) Neither Agree or Disagree (4) Agree (5) Strongly Agree

The facilitator...

(mark response with an X)

2. ...was approachable and helpful.

1	2	3	4	5
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3. ... presented the material in a clear and easy to understand manner.

1	2	3	4	5
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4. ...was knowledgeable and familiar with the material.

1	2	3	4	5
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5.was well-prepared and organised.

1	2	3	4	5
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6. ...communicated effectively and engaged audience members' interest.

1	2	3	4	5
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7. ...was able to address questions adequately.

1	2	3	4	5
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8. ...was well-presented and professional.

1	2	3	4	5
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9. I have gained a good understanding of the warning signs and risk factors for anxiety in children.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. I feel it is important to build resilience in children.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. The group activities enhanced my learning of the key program concepts.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. I feel confident in my ability to deliver the program.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. I found the extra activity ideas and resources useful.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Overall, I enjoyed the program.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. The training fulfilled my expectations specified in question 1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. I would recommend this training to others.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. I feel the FRIENDS program is important to implement in schools.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. What did you enjoy most about the workshop?

19. What were the most useful components from the workshop?

20. What do you suggest to improve future workshops?

21. I am happy for my comments to be used as testimonials to promote Friends for Life Programs.

22. Please indicate if you know of any other schools/organizations/individuals that may be interested in finding out more about this program. (Please provide contact details if available)

23. Final comments/questions

Thank you for taking the time to fill out this questionnaire!