

**Evaluation Form: Session 2**

*Date:*

Please complete this form and submit to the facilitator before you leave. You are not required to put your name on the form.

<b>Please tick your answer to questions in the boxes to the left.</b>			
	<b>Yes, Definitely</b>	<b>Somewhat</b>	<b>No, Not at All</b>
Did you understand the information presented?			
Did you learn new ideas or skills?			
Can you identify some risk factors of abuse?			
Can you recognise the signs of physical abuse?			
Can you identify the signs of emotional abuse?			
Can you recognise the signs of neglect?			
Can you identify the signs of sexual abuse?			
Did you like the way the session was facilitated?			

**What was your favourite part of this session? .....**

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**What did you not like about the session? .....**

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**How could the session be improved? .....**

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**How will you use the knowledge which you have gained?.....**

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**What would help to prepare you better to use the knowledge you have gained?**

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**How useful are the handouts or leaflets that you received?.....**