Evaluation Form: Session 4

Date:

Please complete this form and submit to the facilitator before you leave..

Please tick your answer to questions in the boxes to the left.			
	Yes, Definitely	**Somewhat**	**No, Not at All**
Did you understand the information presented?			
Did you learn new ideas or skills?			
Do you understand the ways in which you can help children when they do not want to report the abuse?			
Do you understand the legal requirements in the intended child protection legislation?			
Did you like the way the session was facilitated?			

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

…….

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

……

How could the session be improved? ……..

……

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

.....

…….

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

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

How did you find the entire series of sessions?.....