
Respect Aging Participant Evaluation Form #2

Section A of this form is used to obtain feedback on the last session on the topic of Helpful Resources. Section B is used to obtain feedback on the *Respect Aging* Program overall.

Thank you for taking the time to respond to the following questions. Your feedback is very important to ensuring that project materials are kept relevant, useful and up-to-date.

The *Respect Aging* Program to Prevent Violence against Older Persons is designed to address the learning needs of the people in the list below. What role(s) applies to you? (Tick all that apply.)

- Older adult (65+ years) _____
- Mid-age adult (30-64 years) _____
- Young adult (18-29) _____
- Family member of an older person _____
- Caregiver of an older person (family, friend) _____
- Employee of a Regional Health Authority _____
- Employee of a long-term care home _____
- Employee of a personal care home _____
- Employee of a home support agency _____
- Home support worker (not attached to an agency) _____
- Employee of a financial institution _____
- Law enforcement officer _____
- Member or employee of a seniors' organization/retiree group _____
- Member of an Aboriginal community _____
- Member or Employee of a Regional Coordinating Committee Against Violence _____

Other, please explain:

Section A – Feedback on Session 16 on Helpful Resources

Please indicate the date of the session: _____
Day/Month/Year

1. How well did the session address your learning needs on the topic?
(Please circle answer.)

Very well

Somewhat

Not well

Comments:

2. How would you rate your level of knowledge on this topic prior to this session?

Very good

Good

Fair

Weak

3. How would you rate your level of knowledge on this topic, now that you have completed this session?

Very good

Good

Fair

Weak

4. What worked well during the session?

5. What would you change and how?

6. Please rate the following.

Organization of the space:	very good	fair	needs improvement
Equipment:	very good	fair	needs improvement
Lighting:	very good	fair	needs improvement
Sound:	very good	fair	needs improvement
Accessibility:	very good	fair	needs improvement
Comfort:	very good	fair	needs improvement
Pacing:	very good	fair	needs improvement

Section B – Summary of Feedback on the *Respect Aging* Program overall

The following questions refer to your experience of the *Respect Aging* Training Program as a whole.

1. In how many sessions of the Program did you participate?

All or mostly all	About ½ the sessions	Only a very few	Just this one
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2. Did this Program meet your learning needs in relation to violence against older persons?

Very much	Mostly	Somewhat	Not enough	Not at all
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Please explain.

3. Please rate the following program components. (Please circle your answer.)

Program content:	Very strong	Average	Fair
Facilitation:	Very effective	Average	Fair
PowerPoint slides:	Very effective	Average	Fair
Small group activities:	Very effective	Average	Fair
Large group discussions/activities:	Very effective	Average	Fair

4. What are the strengths of the program, if any?

5. What would you change and how?

6. Do you have any other comments? If so, please share them with us.

**Thank you for your participation in the *Respect Aging*
Program!**