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**Respect Aging  
Compilation and Summary of Data  
Collected with Evaluation Form #4  
(For use by Trainer)**

This form is used to compile and summarize evaluation data obtained through Participant Evaluation Form #4 after the 3-hr session #3 on Intervention, and at a time when the whole Program will have been delivered. It also provides an opportunity for the Trainer to provide her/his feedback to the Women's Policy Office, as lead agency for the Violence Prevention Initiative.

Trainer's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

1. Please indicate the date of session on Intervention: \_\_\_\_\_  
Day/Month/Year

2. Please indicate where the session was held. Please indicate venue and city/town:  
\_\_\_\_\_  
\_\_\_\_\_

3. What was the total number of participants? \_\_\_\_\_

4. What was the total number of evaluation respondents? \_\_\_\_\_

5. Please indicate the number of participants who identified with the following roles.

- 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 \_\_\_\_\_

6. Please list the categories of other roles that applied, and their frequency:

- Other role \_\_\_\_\_ Frequency \_\_\_\_\_
- Other role \_\_\_\_\_ Frequency \_\_\_\_\_
- Other role \_\_\_\_\_ Frequency \_\_\_\_\_
- Other role \_\_\_\_\_ Frequency \_\_\_\_\_
- Other role \_\_\_\_\_ Frequency \_\_\_\_\_

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**Section A – Compilation and Summary of Feedback on Session #3 on Intervention**

1. Regarding the question on how well the session addressed learning needs on the topics covered, please indicate how many respondents circled each answer.

Thoroughly \_\_\_\_\_ Partially \_\_\_\_\_ Not nearly enough \_\_\_\_\_

2. Please indicate the major themes that emerged through the Comments section pertaining to how well the session addressed the learning needs on the topics. Please indicate the frequency with which each theme emerged.

Theme:

\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_\_

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3. Please indicate the major themes that emerged in response to the question “What worked well during the session” and the frequency with which each theme emerged?

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

4. Please summarize the changes that are recommended. Please indicate the frequency of similar responses.

Change recommended:

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Frequency: \_\_\_\_\_

Change recommended:

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Frequency: \_\_\_\_\_

Change recommended:

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Frequency: \_\_\_\_\_

5. Please indicate the frequency of responses to the question relating to the logistics.

<b>Dimension of logistics</b>	<b>Response</b>	<b>Frequency</b>
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 – Compilation and Summary of Feedback on the *Respect Aging Program* overall**

1. Please indicate the frequency of responses to the question regarding the number of sessions in which the participant participated:

	Frequency
All or mostly all	_____
About ½ the sessions	_____
Only a very few	_____
Just this one	_____

2. Please indicate the frequency of each of the following responses to the question regarding the degree to which the Program met the learning needs of participants.

	Frequency
Very much	_____
Mostly	_____
Somewhat	_____
Not enough	_____
Not at all	_____

3. Please indicate the frequency of each of the following responses regarding the quality of the program components.

		Frequency
Program content:	Very effective	_____
	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. Please summarize the major strengths of the Program as identified by the participants, if any, and indicate the frequency with which each strength was mentioned.

Strength:

\_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_

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Strength:

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Frequency: \_\_\_\_\_

Strength:

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Frequency: \_\_\_\_\_

Strength:

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Frequency: \_\_\_\_\_

5. Please summarize the changes that are recommended. Please indicate the frequency of similar responses.

Change recommended:

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Frequency: \_\_\_\_\_

Change recommended:

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Frequency: \_\_\_\_\_



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Change recommended:

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Frequency: \_\_\_\_\_

6. Please summarize, by theme, the other comments provided by respondents, and indicate the frequency of each theme.

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

7. Please answer the following questions relating to **your experience as a Trainer using the Guide.**

a) What worked well?

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b) What would you change, and why?

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Thank you!

Your feedback will help us keep project materials relevant, useful and up-to-date. Please mail or fax within one week of the session to:

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Women's Policy Office/Violence Prevention Initiative  
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