

**Respect Aging
Participant Evaluation Form #4**

Section A of this form is used to obtain feedback on session #3 (Intervention).

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.

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

2. The *Respect Aging Program to Prevent Violence against Older Persons* was 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+ yrs) _____
- Mid-age adult (30-64 yrs) _____
- Young adult (18-29 yrs) _____
- 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 #3 (Intervention)

1. How well did the session address your learning needs on the following topics? Please circle the response that applies the most, and add comments as necessary.

- Self-care for violence prevention helpers (Module 12 in Participant's Manual)
- The Violence Prevention Continuum: A Holistic Model (Module 13)
- Intervention approaches, practices and supportive legislation (Module 14)
- Barriers and risks in reporting violence (Module 15)
- Helpful Resources and Links (Module 16)

Very well

Somewhat

Not well

Comments:

2. What worked well during the session?

3. What would you change and how?

4. Please rate the following. (Please circle your response)

| | | | |
|----------------------------|-----------|------|-------------------|
| 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 |

5. Do you have any other comments?

Section B: Feedback on Overall Program

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

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

All three

Two

Just this one

2. Did this Program meet your learning needs in relation to violence against older persons?

Very
much

Mostly

Somewhat

Not
enough

Not
at all

Please explain.

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

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. 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!*