

Respect Aging Participant Evaluation Form #3

This form is used to obtain feedback on either session #1 or session #2. 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. Which session(s) did you participate in today? Please mark an 'X' on the line provided to indicate your answer.

Session 1: Recognition _____

Introduction

Module 1: Types of violence

Module 2: Indicators of violence

Module 3: Violence against older persons in residential care facilities

Module 4: Gender dynamics of violence against older persons

Module 5: Diversity, ageism and violence

Module 6: Dynamics of family violence

Module 7: Impact and effects of violence against older persons

Session 2: Prevention _____

Module 8: Risk factors and preventive factors

Module 9: Root causes of violence

Module 10: Self-understanding for violence prevention

Module 11: Safety planning

Module 12: Self-care for violence prevention helpers

3. 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: _____

4. How well did the session address your learning needs on the topics listed? (Please circle your answer)

Very well

Somewhat

Not well

Comments:

5. What worked well during the session?

6. What would you change and how?

7. Please rate the following. (Please circle your answer)

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

8. Do you have any other comments?
