
Respect Aging
Compilation and Summary of Data Collected with Evaluation Form #1
(For use by Trainer)

This form is used to compile and summarize data obtained through the Participant Evaluation Form #1 after any of the 1.5 hour training sessions ranging from 1 to 15. 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.

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

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

3. Trainer's information (optional):

Trainer's name:

Trainer's organization:

Phone #: _____ E-mail address: _____

4. Please tick the session for which data is being summarized:

Introduction _____

Session 1: Types of violence _____

Session 2: Indicators of violence _____

Session 3: Violence against older persons in residential care facilities _____

Session 4: Gender dynamics of violence against older persons _____

Session 5: Diversity, ageism and violence _____

Session 6: Dynamics of family violence _____

Session 7: Impact and effects of violence against older persons _____

Session 8: Risk factors and preventive factors _____

Session 9: Root causes of violence _____

Session 10: Self-understanding for violence prevention _____

Session 11: Safety planning _____

Session 12: Self-care for violence prevention helpers _____

Session 13/14: _____

The Violence Prevention Continuum
Intervention approaches, practices and
supportive legislation

Session 15: Barriers and risks in reporting violence _____

5. What was the total number of participants? _____

6. What was the total number of evaluation respondents? _____

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

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 _____

8. 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 _____

9. Regarding the question on how well the session addressed learning needs on the topic, please indicate how many respondents circled each answer.

Very well _____ Somewhat _____ Not well _____

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

Theme:

Frequency: _____

Theme:

Frequency: _____

Theme:

Frequency: _____

Theme:

Frequency: _____

11. 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:

Frequency: _____

Theme:

Frequency: _____

Theme: _____

Frequency: _____

Theme: _____

Frequency: _____

12. Please summarize the changes that participants recommended. Please indicate the frequency of similar responses.

Change recommended: _____

Frequency: _____

Change recommended: _____

Frequency: _____

Change recommended: _____

Frequency: _____

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

Dimension of logistics	Response	Frequency
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	_____

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

Theme: _____

Frequency: _____

Theme: _____

Frequency: _____

Theme:

Frequency: _____

You may use space below if you need extra space.

15. Please answer the following questions relating to your experience as a Trainer using this section of the Guide.

a) What worked well?

b) What would you change, and how?

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:

Provincial Training Coordinator
Women's Policy Office/Violence Prevention Initiative
Government of Newfoundland and Labrador
Confederation Building, 4th floor, West Block
St. John's, NL
A1B 4J6

PHONE: (709) 729-5009

FAX: (709) 729-1418

EMAIL: vpi@gov.nl.ca