

Respect Aging Participant Evaluation Form #1

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.

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

Please tick the session in which you participated today:

- 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: a holistic model Intervention approaches, practices and supportive legislation _____
- Session 15: Barriers and risks in reporting violence _____

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:

For the following questions, please circle or write your answer

1. How well did the session address your learning needs on the topic?

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
Accessibility:	very good	fair	needs improvement
Comfort:	very good	fair	needs improvement
Pace:	very good	fair	needs improvement

7. Do you have any other comments?

Thank you!