



## Participant Feedback Form

### Family Safety Planning Session

**Please tell us about yourself:**    Male    Female   Age \_\_\_\_\_

**Reasons for attending** (Check all that apply):

For myself    For friends/family    For my work/ministry

**Have you attended a Know Your Rights session?**    Yes    No

**If no, would you like to attend a Know Your Rights session?**    Yes    No

**Indicate the degree to which the following five statements are true:**

1. The session provided information I need.  
 Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree
2. I understand the information I need to include in my family safety plan.  
 Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree
3. The presenter was knowledgeable about the topic.  
 Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree
4. The session increased my confidence to care for my family.  
 Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree
5. I am confident that I can help my family be prepared for a raid.  
 Strongly agree    Somewhat agree    Somewhat disagree    Strongly disagree

**My favorite part of the session was** \_\_\_\_\_

\_\_\_\_\_

**If I could add or change part of the session it would be** \_\_\_\_\_

\_\_\_\_\_

**Additional comments** (continue on back if needed): \_\_\_\_\_

\_\_\_\_\_