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 my four basic rights and how to apply them.
   ☐ 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 use my rights.
   ☐ Strongly agree  ☐ Somewhat agree  ☐ Somewhat disagree  ☐ Strongly disagree

5. I am confident that I can explain basic rights to others.
   ☐ 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): ______________________________________________
____________________________________________________________________________________________