Participant Feedback Form

Know Your Rights 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 Family Safety Planning session?  □ Yes  □ No

If no, would you like to attend a Family Safety Planning 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): ______________________________________________
______________________________________________________________________________________________

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