

# HANDOUT H: Training Evaluation

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RATE/COMMENT ON THE FOLLOWING:

**What is your role in the primary care setting/clinic?**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This training offered new and useful information.**

Disagree (1) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Agree (5)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**After this training, I feel more prepared to recognize suicide risk and to intervene.**

Disagree (1) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Agree (5)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Of the different information and tools you learned about today, which one(s) are you most likely to use in your day-to-day work?**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide us with any comments and suggestions for improvement.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_