

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): _____
