



LEADER/ORGANIZER FEEDBACK FORM

Location/Community: _____ Date: _____

of Registered Participants: _____ Age Range of Participants: _____

Partners/Volunteers: _____

1. Summary of Participant Feedback (write comments below):

2. What did you like best? What worked well (Successes)?

3. What did you like least? What did not work well (Challenges)?

4. If we were to do this again, what would you do differently (Recommendations and Opportunities for Improvement)?



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5. Please provide an example of the positive impact that the Event had on participants (or list a success story).

6. Other Comments:

7. On a Scale from 1-10, how would you rate the overall success of the Event?

1 2 3 4 5 6 7 8 9 10

8. Would you recommend that this Event be offered again?

Yes No

9. Through your observations, do you feel that participants are now more aware of available services and supports?

Yes No

10. Through your observations, do you feel that participants are now more aware of the key messages of suicide prevention?

Yes No