|  |  |
| --- | --- |
| Name (Print) |  |
| Date of Training |  |
| Building |  |
| Primary Grade Level(s) |  |
| Position (Techer / Paraprofessional / etc) |  |

Please check your level of agreement with the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| After completing this training… | Strongly Disagree | Disagree | Agree | Strongly Agree |
| I am more aware of the problem if teen suicide. |  |  |  |  |
| I have a greater understanding of mental disorders and other risk factors for teen suicide. |  |  |  |  |
| I am confident in my ability to recognize mental disorders and other problems that may put teens at risk for suicide. |  |  |  |  |
| I have a greater understanding of how I can refer at-risk students for help. |  |  |  |  |
| I am more willing to refer a student at-risk for help as a result of this training. |  |  |  |  |

Are there aspects of this program you feel should be changed, or material you believe should be added or expanded?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Are you interested in seeing more training made available in this type of format?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD Hours: \_\_3 hours\_\_\_\_\_\_

Signature acknowledges that you read the training materials provided, accessed and reviewed the web resources, and viewed the film: More Than Sad.