

# Maine Youth Suicide Prevention

Education, Resources and Support-It's Up to All of Us

## Self-Evaluation for Facilitator

### Maine Youth Suicide Prevention Awareness Session

**Please fill one out each time you complete a workshop.** This form serves as a record of your youth suicide prevention activity. Consider your program and answer the following questions.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ # Participants \_\_\_\_\_

Training Partner: \_\_\_\_\_ # Men \_\_\_\_\_

Workshop Date: \_\_\_/\_\_\_/\_\_\_ # Women \_\_\_\_\_

Location: \_\_\_\_\_ # Youth \_\_\_\_\_

Primary Audience: Teachers Other School Staff Agency Staff Parents Church Group Other \_\_\_\_\_

**If comfortable, please complete the following section:**

	<b>Needs Work</b>		<b>Very Comfortable</b>	
1. Your overall grasp of the course content. . .	1	2	3	4
2. Your ability to complete the suggested outline. . .	1	2	3	4
3. Myths/Facts. . .	1	2	3	4
4. Warning Signs & Protective Factors. . .	1	2	3	4
5. How to ask questions about suicide. . .	1	2	3	4
6. What to Do/What Not to Do. . .	1	2	3	4
7. Practice Activity. . .	1	2	3	4
8. Resources. . .	1	2	3	4
9. After a Suicide (if covered). . . .	1	2	3	4

Please comment on the general response/feedback of your audience to the session.

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In what way could MYSPP further support your efforts?

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Return completed form to:

Linda Williams, Maine Youth Suicide Prevention Program  
 Medical Care Development, 11 Parkwood Drive, Augusta, ME 04330  
 Or e-mail summary of this information to: [lwilliams@mcd.org](mailto:lwilliams@mcd.org)

**Thank you for taking the time to give us your input. We value your comments.**