

EVALUATION FORMS

Serving the Health of our Community

Enhancing our understanding, to provide care and support for those who need it.

an initiative of the SCWA Coalition

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Mental Health Matters — Initial Evaluation Form

Form to be filled in by t	he facilitator immedia	ately after the training.			
names of facilitators					
date of workshop					
place of workshop town, region, country					
Questions about	the training ma	aterial			
•	,	ience of using <i>Mental Health Matters</i> by g any further comments you may have.			
1. I think the traini	ng was:	2. I think the training was:			
☐ too short		□ too simple			
□ too long		\Box too complicated			
☐ about the right length		☐ about the right level			
3. Is there anything	g you think should be	taken out? — If so, what? Why?			
4. Is there anything	g you feel has been m	issed out that should be included?			
5. Is there anything	tnat you think shoul	d be changed? — If so, what? Why?			

Feedback from the participants

Comments, positive and negative:

• Please share comments from some of the participants that describe what they thought of the *Mental Health Matters* workshop and how it has helped them. All comments are welcome, both positive or negative.

			share commu			name	of	the	person	making	th
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Feedback from the participants

Examples of actions taken:

• Please give some examples of action that participants have taken as a result of having attended the *Mental Health Matters* workshop.

Describe some of the things that they have put into practice because of what they have learned on the course.				

Facilitator insights

If you have any further reflections or comments, please write them here.					

Testimonies and photos

• Please send any testimonies and photos you are able to collect (with permission to use in our publications and online).

Contact Details

Please return completed form and testimonies to Carolyn Gent — « carolyng@bethanychildrenstrust.org.uk ».

Thank you.



Mental Health Matters — Follow–On Evaluation Form

Form to be filled in by the facilitator 3 months or 6 months after the training.

names of facilitators	
date of workshop	
place of workshop town, region, country	

Questions for the facilitator to ask the participants after 3 months or 6 months:

- 1. Did you make a **Personal Action Plan** after the training? YES or NO.
 - if YES, what actions did you commit to do? How have these progressed?
 - if NO, what have you done differently in the light of the training you received? What opportunities have you had to put what you've learned into practice?
- 2. Have you made or noticed any other changes since the training in responding to people living with mental health problems?
 - changes personally;
 - changes in your church.
- 3. What plans do you have to continue to reinforce and build upon these changes?

Feedback from the participants

Comments, positive and negative:

Please share comments from some of the participants that describe what they
thought of the *Mental Health Matters* workshop and how it has helped them. All
comments are welcome, both positive or negative.

Examples of actions taken:

 Please give some examples of action that participants have taken as a result of having attended the *Mental Health Matters* workshop. Describe some of the things that they have put into practice because of what they have learned on the course, and the progress these actions have made.

Note the responses. Continue on another sheet of paper if necessary. Keep these all safe for future reference. Compare these responses with the responses to the Initial Evaluation Questions.	Mental Health Matters	
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Contact Details

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Thank you.