**Location/Community:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of Registered Participants:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Age Range of Participants:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partners/Volunteers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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1. **Other Comments:**

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1. **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

1. **Would you recommend that this Event be offered again?**

🞎 Yes 🞎 No

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

🞎 Yes 🞎 No

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

🞎 Yes 🞎 No