

## SEXUAL ABUSE PREVENTION TRAINING FEEDBACK

Trainer: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Please check the box that best represents your feelings about the training.**

Question	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
1. This training was helpful to me.					
2. I learned something new.					
3. I found the video informative.					
4. The trainer clearly explained the purpose of the training.					
5. The trainer was organized.					
6. The trainer was knowledgeable.					
7. The trainer was respectful of all attendees.					
8. The training will be useful to me in my role in the diocese. <input type="checkbox"/> NA (Please check here if you do not expect to work directly with minors in the course of your work/ministry in the diocese).					

**B. Comments:** \_\_\_\_\_

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**C. Please indicate your role in the Diocese:**

- School employee     
  School volunteer     
  Parish employee     
  Parish volunteer  
 CSS employee     
  CSS volunteer     
  Other

***Please give this form to the receptionist on your way out of the building.  
Thank you for your participation!***