1. Which of the following **best** describes you? **Choose one only.**

○ Social Worker ○ Psychologist ○ Health Practitioner (list type): \_\_\_\_\_\_\_\_\_\_\_\_

 ○ Guidance Counselor ○ Student ○ Educator (list type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ○ Parent/Guardian ○School Admin. ○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please indicate how satisfied you are OVERALL with today’s session. **Choose one only.**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ Not Satisfied At All | ○ Somewhat Satisfied | ○ Satisfied |  ○ Highly Satisfied |

3-7: Please indicate to what extent you agree or disagree with each of the following statements.

**Circle one number only.** Or, if the statement is not applicable, choose “**N/A**”.

**Scale: 1=**Strongly disagree **2=**Disagree **3=**Neither agree nor disagree **4=**Agree **5=**Strongly agree

**As a result of this presentation:**

 Strongly Disagree Strongly Agree

|  |  |
| --- | --- |
| 3. I have an increased understanding of the challenges faced by youth with emotional/behavioral disabilities (EBD), their families, and those who serve them in school and in the community.  | N/A 1 2 3 4 5  |
| 4. I have additional information about practices and policies shown to improve outcomes for youth with EBD. | N/A 1 2 3 4 5  |
| 5. I am more likely to recognize the roles that schools and communities can play in supporting students with EBD. | N/A 1 2 3 4 5  |
| 6. I will be able to apply what I have learned to take actions thatthat will positively affect outcomes for students with EBD. | N/A 1 2 3 4 5  |
| If agree, what type of action? |

7. I would be happy to receive occasional emails regarding this project, including upcoming screenings, trainings and professional development opportunities. Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered yes, please provide the following information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation (school, organization, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_