

# CCSMH Late Life Suicide Prevention Toolkit EVALUATION for FACILITATORS

We really appreciate your feedback as a facilitator to make the toolkit as useful as possible.

**Contact info (optional):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would like to speak with CCSMH staff about my presentation

1. In which province/territory do you live? \_\_\_\_\_

2. In which type of setting do you work? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Hospital         | <input type="checkbox"/> University/College            |
| <input type="checkbox"/> Long Term Care   | <input type="checkbox"/> Community                     |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Other (please specify): _____ |

3. How did you use the Late Life Suicide Prevention Toolkit?

- Workshop (length of time): \_\_\_\_\_
- Presentation (length of time): \_\_\_\_\_
- Other (please describe): \_\_\_\_\_

4. Who was your audience? (brief description of types of learners in the audience)

---



---

5. How many people attended your session (approximately)? \_\_\_\_\_

6. Please rate the following aspects of the Toolkit:

	Excellent	Good	Average	Fair	Poor	N/A
Content of the PowerPoint presentation						
Content of the Facilitator's Guide						
Content of the DVD						
Quality of the learning materials presented? (i.e. DVD, PowerPoint, clinician pocket-card, national guidelines)						
How would you rate the Toolkit overall?						

7. What elements of the Toolkit did you find most useful?

---



---

8. What elements of the Toolkit require improvement? Please explain.

---



---

**9. Additional comments:**

---

---

*Thank you for taking the time to complete this survey.*

**Please return this form to the CCSMH at your earliest convenience (attn: Project Manager):**

e-mail: [shelsdingen@baycrest.org](mailto:shelsdingen@baycrest.org) \* fax: 416-785-2492

mail: Baycrest, 3560 Bathurst Street, Room 311, West Wing, Old Hospital, Toronto, ON M6A 2E1

**For more information about the CCSMH,  
please visit [www.ccsmh.ca](http://www.ccsmh.ca) or call 416-785-2500 ext. 6331.**