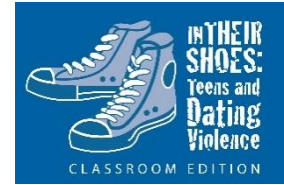


## EVALUATION FORM



Date: \_\_\_\_\_

**Please circle your response**

*(please choose only one)*

1. Overall, the training was...	Poor	Adequate	OK	Good	Excellent
2. This activity felt relevant to me.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3. I feel more prepared to talk about relationships.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. This training changed the way I think about relationships.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

**After doing this activity, something I think differently about now is.....**