

EVALUATION FORM

Seminar / Workshop Date: _____

Seminar / Workshop Topic: _____

Now that you have participated in the Home Safety workshop please answer the following questions:

Please tick the box which best suits how you now feel about home safety and the seminar.

1. Do you think home safety is important for young children?

Yes No Not sure

2. How would you rate your child's risk of injury?

High Moderate Low Not a problem Don't know

3. Do you think home injuries can be prevented?

Yes No Not sure

4. What is the **main** injury which occurs to young children at home?

5. What is the **main** message of today's seminar?

6. What action(s) does the child safety seminar recommend?

7. What changes do you think you will make in your home as a result of attending today's home safety workshop?

8. What did you **like or dislike** about the seminar?

9. Would you recommend this seminar to other parents? **(Please circle your answer)**

- a) Yes definitely b) Maybe c) No never d) Unsure

10. The Seminar leader:

Strongly Agree Disagree Strongly disagree

- | | | | | |
|---|--|--|--|--|
| a) Had a thorough knowledge of subject | | | | |
| b) Created a comfortable environment | | | | |
| c) Gets the message across | | | | |
| d) Encouraged questions & responded to participant concerns | | | | |
| e) Provided clear explanations | | | | |

About You

11. I am:

Male

Female

(please circle one)

12. I fit into the following age group

- | | |
|-------------------|--|
| a) Under 20 years | |
| b) 20-25 years | |
| c) 26-30 years | |
| d) 31-35 year | |
| e) 36-40 years | |
| f) 41 or older | |

13. The age(s) of my child / children is / are:

Child 1 _____
 Child 2 _____