



# South King County Community Network

## Children's Domestic Violence Training Evaluation

*It is very important for us to report on our successes today.  
So please take the time to fill out this evaluation and turn it in before leaving.*

Name (Optional): \_\_\_\_\_

1. Will the information you received today change the way you work with children and families?

Yes     No

If Yes, what changes will you make?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. To what extent do you believe today's training will lead to your identification of more children in your care that are exposed to domestic violence?

0	1	2	3	4
None	A Little	Some	Quite a Bit	A Lot

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. To what degree will today's training help you to talk with children and families about domestic violence?

0	1	2	3	4
None	A Little	Some	Quite a Bit	A Lot

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Did you gain new knowledge of available services?

Yes     No

5. Based on today's information will you be better able to assist your patients with service referrals?

Yes     No

6. How would you rate today's presenters?

Dr. Linda Chamberlain	Poor	Needs improvement	Good	Excellent
Erin Galvin, MSW	Poor	Needs improvement	Good	Excellent
Deborah Greenleaf, RN	Poor	Needs improvement	Good	Excellent

7. Please give us any additional comments or information you would like to provide.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Our Goal:  
Healthy Families in Caring Communities**