



## WYO Educate Mental Health Workshop

Please fill in all required fields. Thank you!

### WORKSHOP CONTENT

(Circle your response to each item.)

1 = Strongly disagree / 2 = Disagree / 3 = Neither agree nor disagree / 4 = Agree / 5 = Strongly agree

I was well informed about the objectives of this workshop.	1	2	3	4	5
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This workshop lived up to my expectations.	1	2	3	4	5
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Do you feel #educated on mental health?	1	2	3	4	5
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Would you recommend taking part in a WYO Educate workshop?	1	2	3	4	5
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Do you know whom to turn to at your school for mental health information or counselling services?	1	2	3	4	5
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Do you think the case studies we covered went into enough depth?	1	2	3	4	5
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Do you think the mental health professionals went into enough depth?	1	2	3	4	5
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Was the workshop activity informative?	1	2	3	4	5
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Did you feel the workshop was long enough?	1	2	3	4	5
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### WORKSHOP INSTRUCTOR (FACILITATOR)

(Circle your response to each item.)

1 = Strongly disagree / 2 = Disagree / 3 = Neither agree nor disagree / 4 = Agree / 5 = Strongly agree

The instructor was well prepared.	1	2	3	4	5
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The instructor was helpful.	1	2	3	4	5
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### WORKSHOP RESULTS

(Circle your response to each item.)

1 = Strongly disagree / 2 = Disagree / 3 = Neither agree nor disagree / 4 = Agree / 5 = Strongly agree

I will be able to use what I learned in this workshop.	1	2	3	4	5
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I accomplished the objectives of this workshop.	1	2	3	4	5
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## IMPROVEMENTS

(Tick your response to each item.)

### How would you improve this workshop? (Tick all that apply.)

- Provide better information before the workshop.
- Clarify the workshop objectives.
- Reduce the content covered in the workshop.
- Increase the content covered in the workshop.
- Update the content covered in the workshop.
- Make workshop activities more stimulating.
- Improve workshop organization.
- Slow down the pace of the workshop.
- Speed up the pace of the workshop.
- Allot more time for the workshop.
- Shorten the time for the workshop.
- Improve the tests used in the workshop.
- Add more video to the workshop.


### What other improvements would you recommend in this workshop?

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## STAYING IN TOUCH

(Circle your response to each item.)

Are you interested in receiving other educational materials/workshops from the World Youth Organization/WYOEducate or e-mail updates about this project?

YES / NO

Full Name

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Email Address

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**Thank you for your help by filling in this questionnaire.**

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