

2nd Annual Conference on the Prevention of Bullying and Harassment

November 14, 2011

*Sponsored by: Maryland State Department of Education; Sheppard Pratt Health System and
John Hopkins University*

Supported by: Maryland Safe and Supportive Schools (MDS3) CFDA# 84.184Y

Evaluation Form

Thank you for participating at today's conference. We value your feedback and input about your experience today and how you might utilize the information and skills you obtained. Please complete this Evaluation Form and submit it at the Registration Table as you exit.

Section 1: Overall Conference Rating

Please **CIRCLE** the value in the column that most closely represents your opinion of each component of the conference listed in the table below.

COMPONENT		Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
a.	Presentation format	5	4	3	2	1
b.	Clarity of presenters	5	4	3	2	1
c.	Knowledge of presenters	5	4	3	2	1
d.	Quality of information	5	4	3	2	1
e.	Quantity of information	5	4	3	2	1
f.	Quality of written materials	5	4	3	2	1
g.	Quantity of written materials	5	4	3	2	1

Section 2: Participant Self-Assessment

Please **CIRCLE** the value in the column that most closely represents how likely you are to carry out a specific action from the list in the table below.

How likely are you to:		Very Likely (5)	Likely (4)	Somewhat Likely (3)	Unlikely (2)	Very Unlikely (1)
a.	Seek out current research in the area of bullying and harassment?	5	4	3	2	1
b.	Identify evidence-based practices that promise to reduce bullying and harassment?	5	4	3	2	1
c.	Build upon bullying and harassment prevention strategies already in place at your school?	5	4	3	2	1
d.	Develop strategies to enhance awareness of bullying and harassment and prevention policies?	5	4	3	2	1
e.	Empower students to help stop bullying and harassment?	5	4	3	2	1
f.	Enhance your plan of action to strengthen local/regional professional development for bullying and harassment prevention?	5	4	3	2	1

continued on reverse...

Section 3: Additional Feedback

3.1. How will you use the information and skills gained at this conference?

3.2. What specific type of support and follow-up would you like?

3.3. In general, what do you think about the amount of time given to the conference? Was it:

Too long

Too short

Just right

3.4. Do you feel that you had an opportunity to ask all the questions you wanted to ask?

Yes

No

Not really sure

3.5. Do you feel that you had an opportunity to participate fully in the program?

Yes

No

Not really sure

3.6. What was the most valuable part of this conference for you?

3.7. What specific feedback do you have for the presenters?

3.8. What, specifically, could be done to improve this conference?

3.8. Other comments or suggestions?

Name (optional): _____

Thank you for your participation!