

Imagine...A School Without Bullying:
A School Climate Approach to Bullying Prevention

Training Day 2 Evaluation

1. What is your role in your school community?

Administrator

Classroom Teacher

Other Member of the School Community

Please define: _____

2. Please circle the number below that best reflects how well you think this session's goals were achieved:

1=The goal was not achieved at all 5=The goal was achieved extremely well

Goal 1: To Gain Energy and Ideas from the Experiences Of Others

1 2 3 4 5

Goal 2: To Deepen Knowledge of the Imagine Framework, the 10 steps and the Resources

1 2 3 4 5

Goal 3: To Continue Assessment of Your School Community and the Creation of a Comprehensive School Wide Plan

1 2 3 4 5

Goal 4: To Increase Understanding of Restorative Interventions and Their Place within the Imagine Framework

1 2 3 4 5

3. What was most helpful about this training session and why?

4. What was least helpful about this training session and why?

PLEASE TURN PAGE OVER



5. What would you change to make this training session more helpful?

6. Do you have any other feedback regarding the two training sessions? Please share.

7. After attending this training session I feel (Check more than one if necessary):

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Confused | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Challenged | <input type="checkbox"/> Excited | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Well Prepared | <input type="checkbox"/> Discouraged |
- Other (Please describe) _____

8. What else do you need from your school board to support this work?

Thank-you for your feedback!