



# What to do to Make it Through

## Evaluation Form

Date: \_\_\_\_\_

Educator: \_\_\_\_\_

Do you have any questions about the information presented today?

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What was the most helpful information presented about how to prepare?

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What was the least helpful information presented about how to prepare?

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Please describe your personal level of preparedness. How will the information presented today influence your preparedness plans?

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## What to do to Make it Through

How many days would you say you are prepared for now?

- |                               |                                     |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 5          |
| <input type="checkbox"/> 1    | <input type="checkbox"/> 6          |
| <input type="checkbox"/> 2    | <input type="checkbox"/> 7-10       |
| <input type="checkbox"/> 3    | <input type="checkbox"/> 10 or more |
| <input type="checkbox"/> 4    |                                     |

How many days will you prepare for after this training?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> No difference | <input type="checkbox"/> 4          |
| <input type="checkbox"/> None          | <input type="checkbox"/> 5          |
| <input type="checkbox"/> 1             | <input type="checkbox"/> 6          |
| <input type="checkbox"/> 2             | <input type="checkbox"/> 7-10       |
| <input type="checkbox"/> 3             | <input type="checkbox"/> 10 or more |

Please share any suggestions or feedback for improving this training session. How can we make the training more effective?

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What is your preferred method of receiving preparedness information? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Group presentations | <input type="checkbox"/> Print materials |
| <input type="checkbox"/> One-on-one meetings | <input type="checkbox"/> Email           |
| <input type="checkbox"/> Social Media        | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Web Site            |  |



What to do to  
**Make it Through**

**Contact Information (Optional)**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_