

# Youth Suicide Prevention 101

# EVALUATION GUIDE

There are three evaluation phases to the Youth Suicide Prevention 101 program: process evaluation, outcome, and course evaluation. All documents are to be sent to the Arkansas Department of Health, Injury and Violence Prevention Section, within five working days after the event.

Process Evaluation:

Please complete the Youth Suicide Prevention 101 *Process Document* for each event you conduct. The process document will include:

1. event information (ie: date, location, or HHI Region);
2. program data measures; and,
3. barriers and facilitators to event implementation.

Outcome Evaluation:

There are three documents for collecting Youth Suicide Prevention 101 outcome data:

1. Pre – Test Evaluation
2. Post – Test Evaluation
3. Course Evaluation

All documents mentioned can be found:

1. As attachments to this document; and,
2. ADH Intranet

**RETURNING EVALUATION DOCUMENTS:** You may mail, email or fax your evaluation documents.

|  |  |  |
| --- | --- | --- |
| **Mail** | **EMAIL** | **FAX** |
| Arkansas Department of Health Injury and Violence Prevention Section4815 West Markham St., Slot 10 Little Rock, AR 72205 | Julie.harlan@arkansas.gov |  |

Return the following documents:

1. *Youth Suicide Prevention 101: Process Document - one per event; and,*
2. *Youth Suicide Prevention 101: Pre and Post – Test Evaluation*
3. *Youth Suicide Prevention 101: Course Evaluation*

Form to be completed by: Project Coordinator



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 **Youth Suicide Prevention 101**

 **Process Document**

**Event Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HHI Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Date: \_\_\_/\_\_\_/\_\_\_\_ Event City/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event County:\_\_\_\_\_\_\_\_\_\_**

**Program Coordinator Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mechanism: Suicide**

|  |
| --- |
| **Baseline Data 2017** |
| **METRICS** | **State**  | **AR Valley** | **Central** | **North Central** | **North East** | **North West** | **South East** | **South West** |
| Suicide related mortality ages 10-24 | 92 |  |  |  |  |  |  |  |
| Suicide related mortality all ages  | 621 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Outcome Measures** |
| **Measure** |  | **Overall Program Goal** (# served, as per budget request) | **Event Result** (# actually served) |
| **1** | Total number of Students |  |   |   |
| **2** | Total number of school personnel  |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |   |   |   |

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Form to be completed by: Project Coordinator



**Youth Suicide Prevention 101**

**Process Document**

**Did you achieve your event goal for your outcome measures? Yes No**

**If no, why not\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you encounter any barriers planning for this event? Yes No**

**If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Did you encounter any barriers on the day of the event? Yes No**

**If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What went well during this event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any lessons learned that you would like to share? Yes No**

**If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**RETURN DOCUMENTS:** You may mail, email, or fax your documents.

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| Arkansas Department of HealthSuicide Prevention Program4815 West Markham St., Slot 10Little Rock, AR 72205 | Julie.harlan@arkansas.gov |  |

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Form to be completed by: Participants

Course Evaluation Form

1. The presenter showed a high level of knowledge in the course topic.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

1. Would you suggest this course to others?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

1. What overall rating would you give the presentation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Poor | Poor | Average | Good | Excellent |
| 1 | 2 | 3 | 4 | 5 |

1. Could there be improvements to this course? If so, explain.

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1. If you would like to speak confidentially with someone regarding suicide prevention, call 501-614-5234.