

## Safe Zone Ally 2 Training Evaluation

Please complete this evaluation. Your feedback is important to provide information and change for future Safe Zone training. Thank you for your time

Safe Zone Training Date: \_\_\_\_\_ Time: \_\_\_\_\_

Facilitator Name(s): \_\_\_\_\_

1. What is your overall impression of the content of the Safe Zone training?
2. How prepared, organized, and effective were your Safe Zone training facilitators?
3. Was there adequate time to cover the topic(s) and module(s)?
4. How do you rate the value of this workshop?
5. What were the strongest and weakest areas of the training?
6. What did you feel you learned most from this training?
7. Are you interested in other Safe Zone trainings? Yes/No  
*(if so, you will be contacted in the future for a day-long training and will be responsible for assisting in providing trainings for the campus community.)*

Name (optional): \_\_\_\_\_

***Thank you for your time and effort becoming a Safe Zone Ally!***