

FIS LEARN YOUTH SURVEY • POST-TRAINING

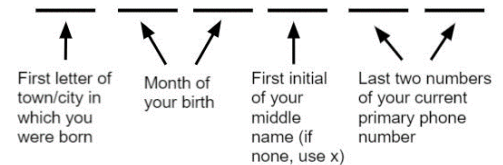
*Please take a few minutes to fill out this survey. Your answers are anonymous.
This information helps us collect data for grant applications, funding, reports, training and
program improvements. Thank you for your participation and willingness to help.*

1. As part of this anonymous survey, we need to link your responses across time. To do this, you will create your own unique code. This will not allow us to determine your identity. It is only to facilitate linking your responses over time. Please enter your self-generated code. Please make sure this is 6 spaces. (1 upper case letter, 2 numbers, 1 upper case letter, 2 numbers).

2. Did you attend an In Person or Online version of the training? _____

3. Date of Training _____

4. Your School Name _____



5. Type of Training: Which group describes you best? Ask your trainer if you are unsure which one to check.

- ☐ Caregiver/Parent ☐ Student by Student (students lead the training)
☐ Student by Teacher (teacher leads the training) ☐ Teacher/Specialist/Faculty/School Staff

6. Suicide prevention is relevant to my job/role (i.e., as a friend, colleague, parent, school leader, etc.)

- ☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ Unsure

The next questions are about how likely you would be to do the following things if you were concerned about someone who may be at risk for suicide.

7. How likely would you be to empathize and listen to them?

- ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

8. How likely would you be to ask them if they were thinking about suicide?

- ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

9. How likely would you be to ask them what their plan is for killing themselves?

- ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

10. How likely would you be to provide critical information so that an adult could follow up regarding access to dangerous items?

- ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

11. How likely would you be to connect them to help?

- ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

12. How likely would you be to follow up with the person to see if they got connected with help or support?

- ☐ Very Low Likelihood ☐ Low Likelihood ☐ Medium Likelihood ☐ High Likelihood ☐ Very High Likelihood

13. Do you currently have the suicide prevention lifeline or crisis text chat as a contact in your mobile phone?

☐ Yes ☐ No ☐ Not Sure

The next questions help us describe our training participants in general.

14. What is your age in years? (Please enter only whole numbers.) _____

15. What is your role?

☐ Student
☐ Other (please describe) _____

16. What is your gender identity?

☐ Woman ☐ Man ☐ Non-binary ☐ Genderfluid ☐ Two-spirit ☐ Transgender female/Trans female
☐ Transgender male/Trans male ☐ Prefer to self-describe _____

17. Which identity(ies) best describes you? Please select all that apply:

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic/Latino/Spanish descent
☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White
☐ Prefer to self-describe (please specify) _____ ☐ Prefer not to say

Feedback for Forefront

18. I plan to use what I learned in today's training.

☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ Unsure

19. Regarding the trainer, how effective was the trainer in delivering material?

☐ Not effective ☐ Somewhat effective ☐ Very effective

20. What were the most helpful parts of this training? Please explain.

21. Do you have any suggestions for ways we can improve this training?

22. Please enter any other comments here.