

**Bucks County Intermediate Unit  
Presentation Evaluation – QPR (Suicide Prevention for Gatekeepers)**

**Date of Presentation:** \_\_\_\_\_

**Name of Person Completing Form (optional):** \_\_\_\_\_

**School or Agency:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Test Type:**

- Evaluation

**Gender Identity:**

- Female       Male       Other

**Age:** \_\_\_\_\_

**Would you describe yourself as:**

- White                       Black or African American                       American Indian or Alaska Native
- Asian                       Native Hawaiian or Other Pacific Islander                       Other

**Ethnicity:**

- Hispanic                       Non-Hispanic

**For the question below, 1 = not at all; 5 = a great deal:**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>1. How well did the course meet your expectations?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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For the questions below, 1 = not at all; 5 = very much so:

	1	2	3	4	5
2. How would you rate the instructor's presentation of the material?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To what degree did the course provide practical applications for your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did the instructor demonstrate a thorough knowledge of the subject matter?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did the presenter address the participants' questions and concerns appropriately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Yes	No	Uncertain
6. Would you recommend this presenter to a colleague?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Comments:**

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**Suggestions for future QPR certification trainings:**

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Please return evaluations to:

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