

Embracing Life: Northern Saskatchewan Working Together Evaluation Form



Please check one:

- Youth
 Elder
 Adult Community Member
 Organization/Agency Representative

How satisfied were you with the following components of *Embracing Life*?

1 (Very Unsatisfied) 2 (Unsatisfied) 3 (Somewhat) 4 (Satisfied) 5 (Very Satisfied)

Information Provided	1	2	3	4	5	N/A
Amount of Interaction	1	2	3	4	5	N/A
Networking	1	2	3	4	5	N/A
Action-Oriented	1	2	3	4	5	N/A
Overall Experience	1	2	3	4	5	N/A

Please answer the following questions. If more space is needed, please continue on back.

What tools or ideas has *Embracing Life* given you to help you support existing action or move towards taking action to reduce suicide in your community?

How has *Embracing Life* assisted you in collaborating with other partners, community members and/or agencies to work together to reduce suicide?

What additional tools or information would help you to support existing action or to take action to reduce suicide in your community?

How can *Embracing Life* best provide ongoing support for your efforts to reduce suicide in your community?

Comments: _____

Thank you!