|  |
| --- |
| http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=23067*NAMI Smarts for Advocacy* **Evaluation** |
| Trainer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Training: \_\_\_\_\_\_\_\_\_\_\_\_ Location of Training (City & State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_My Name (optional, but preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Page 3 National Alliance on Mental Illness Nov 2007** **Page 3 National Alliance on Mental Illness Nov 2007**  |
| 1. Overall, my **knowledge and skill level** in meeting with my policymaker is...  |
|  | **Before the training:** (Circle your rating) | **After the training:** (Circle your rating) |
|  |  **1 2 3 4 5 6 7 8 9 10** None Some Good Excellent |  **1 2 3 4 5 6 7 8 9 10** None Some Good Excellent |
|  |
| 2. Overall, my level of **confidence** in meeting with my policymaker is... |
|  | **Before the training:** (Circle your rating) | **After the training:** (Circle your rating) |
|  |  **1 2 3 4 5 6 7 8 9 10** None Some Good Excellent  |  **1 2 3 4 5 6 7 8 9 10** None Some Good Excellent |

3. What did you learn that was most meaningful or helpful to you today?

4. Where do you plan to use what you learned and practiced? Or, what will you do differently as a result of this training?

5. What comments, if any, do you have about this training?

6.NAMI seeks to support the entire community.

 To help us track how we are doing and for

* + Person living with a mental illness
	+ Family of adult living with a mental illness
	+ Parent or legal guardian of minor-aged child living with a mental illness
	+ Mental health service provider, including peer provider
	+ Other mental health advocate
	+ Military service member, veteran or military family member
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 funding purposes, please *check all that apply.*

* American Indian or Alaska Native
* Asian American
* Black or African American
* Hispanic or Latino
* Native Hawaiian, Pacific Islander
* White
* Multiracial
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I am:**