

EVALUATION FORM

Please complete the following evaluation form. This will help us assess the usefulness of the protocol and to provide information to improve upon the protocol in the future.

1. How have you used the protocol (please check all that apply):

	Very Often (x)	Often (x)	Sometimes (x)	Seldom (x)	Never (x)
As reference when I have specific questions I want addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a better understanding of different services within my sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a better understanding of services in other sectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To increase your awareness of the issue of woman abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For ways to better assist abused women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do you refer to the protocol?

Very often Often Sometimes Seldom

3. Tell us how the protocol has helped you (check all that apply):

	Strongly Agree (x)	Agree (x)	Neutral (x)	Disagree (x)	Strongly Disagree (x)
Increased my understanding of the issue of woman abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged me to think about ways that I can better assist abused women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved the way I assist abused women and their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged my organization to develop an internal protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have developed linkages with other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How have you accessed this document?

Website Hardcopy Both

Thank you for taking the time to complete the evaluation.

Please mail or fax the completed evaluation form to: York Region Violence Against Women Coordinating Committee, c/o Women's Support Network, 1110 Stellar Drive, Unit 109, Newmarket, ON, L3Y 7B7 or fax (905) 895-6542