

Mental Health & Wellbeing Development Concentration Area Post-Participation Evaluation Tool

The statements below can be used in a survey to evaluate short-term (ST) outcomes. *Extension agents should contact specialists in this concentration area for guidance on how to evaluate learning opportunities in this area.*

[XYZ-Name of Program] Post-Participation Survey

Please circle the option that best describes your response to each statement.

Indicator # in KERS	Statements	Yes	No
802.10	Participating in [XYZ-Name of Program] increased my knowledge of how to respond to mental health concerns.	Yes	No
802.11	After participating in [XYZ-Name of Program], I intend to adopt self-care strategies to improve my mental wellbeing.	Yes	No
802.12	After participating in [XYZ-Name of Program], I intend to adopt strategies to support or promote mental health and wellbeing in my community.	Yes	No
802.13	After participating in [XYZ-Name of Program], I intend to [insert expected behavior change related to mental health and wellness].	Yes	No