

Montana State University Extension
Prescription Opioid and Stimulant Education & Awareness
Parental Awareness and Action Training Module - Facilitator Evaluation

Program Location: _____

Date(s) & Time(s): _____

Your input and feedback are valuable to our education efforts. By completing this evaluation form, you are providing us with the necessary information to more effectively educate the public about opioids and stimulants and the potential hazards associated with these medications. Thank you!

Audience Characteristics

Age:

Age group	Number of participants
Under 18	
18 - 24	
25 - 34	
35 - 44	
45 - 54	
55 - 64	
65+	

Gender:

Gender	Number of participants
Female/Woman	
Male/Man	
Trans Male/Trans Man	
Trans Female/Trans Woman	
Gender Queer/Nonbinary	
Another identity not listed above	

Race/Ethnicity:

Race	Number of participants
Hispanic or Latino	
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	

Implementation Details and Feedback

Reason(s) for conducting this program (requested by a group/organization, open to the public):

Ease of implementation – please rate whether or not the module(s) were “user-friendly”:

- Extremely difficult
- Somewhat difficult
- Neutral
- Somewhat “user-friendly”
- Extremely “user-friendly”

Estimated time for completion:

- Significantly underestimated (took far more time than anticipated)
- About right (time to complete session(s) was accurately anticipated)
- Significantly overestimated (took far less time than anticipated)

List any challenges or concerns associated with the implementation of these lessons:

Perception of audience reactions to the lesson(s):

- Very negative
- Negative
- Neutral (or mixed)
- Positive
- Very positive

Perception of audience interest/engagement:

- Extremely disinterested/disengaged
- Disinterested/disengaged
- Neutral (or mixed)
- Interested/engaged
- Extremely interested/engaged

Please list any challenges or concerns regarding audience reactions, questions/comments, or engagement:

Were there any portions of the training module that you omitted or modified? If so, please describe these changes and why you made them.

Did you present this module yourself or did you use the pre-recorded slideshow?

- Presented myself
- Used pre-recorded slideshow

Please indicate which of the following materials you utilized during your session(s). If you distributed any of these materials, please indicate that as well:

	Utilized ✓	Amount Distributed
Handouts/Printed Materials		
• <i>Talking With Adolescents About Opioid and Stimulant Misuse</i> Parent Handout		
• DEA Counterfeit Pills Fact Sheet (Dec 2021)		
• <i>Emoji Drug Code: Decoded</i> Handout		
• <i>Prescription Opioid and Stimulant Misuse Among Youth</i> Fact Sheet		
• <i>Be Aware of These Common Stimulants</i> Infographic		
Videos		
• <i>Opioid Misuse: A Montanan Discusses the Four Phases of His Recovery From Opioids</i>		
• <i>Insight Into the Teenage Brain</i> (UCLA researcher and assistant professor Dr. Adriana Galvan)		
• <i>Taking Prescription Opioids Safely</i>		
• <i>Taking Prescription Stimulants Safely</i>		
Other Resources		
• Help Save Lives Act: Montana Annotated Code 2021		
• Module 1: Introduction to Opioids (derived from the Prescription Opioid Awareness and Education Toolkit)		

Additional Module Feedback:

Use the space below to provide additional feedback and/or suggestions to improve this module or toolkit.

Thank you for completing this evaluation form. Submit this form to Jennifer Munter, Program Manager by email (jennifermunter@montana.edu) or by mailing to: P.O. Box 173370, Bozeman, MT 59717-3370 (Attn: Jennifer Munter).

For more information about the MSU Extension Opioid Awareness & Education Program visit: http://health.msuextension.org/opioid_misuse.html or contact Barbara Allen, Project Director at: blallen@montana.edu.