



# Grief, Loss & Trauma: Bereavement in School Communities Conference 2010

## Evaluation Form

SABN aims to provide a high conference service. In order to continually improve our conferences for delegates, we would appreciate your feedback about this event. Your evaluation will be strictly confidential.

### 1. How did you hear out about this conference? (tick one or more if appropriate.)

- Colleagues
- Conference mailing
- Conference emailing
- SABN Website
- School Notice Board
- Other source or website  
Please specify: .....

### 2. Please state your role (tick one box only)

- Head/Deputy Teacher
- Primary Class Teacher
- Secondary School Teacher
- SENCO Teacher
- School Nurse
- School Chaplain
- Health Visitor
- Hospice Staff
- Extended School Staff
- School Counsellors
- Support Agency
- Health & Well Being Team (CSF)
- Commissioning Team (CSF)
- SABN (staff/volunteer)
- Other, please specify  
.....

### 3. What interested you in coming to this conference? (tick one or more if appropriate)

- I support a bereaved child or young person at work.
- I am interested in including bereavement as part of the curriculum.
- I wanted to find out more about supporting a child who has experienced family grief
- General interest.
- I work with bereaved children with learning difficulties/disabilities and was interested in ways to support them
- I wished to gain confidence when supporting a bereaved person in the future
- I have recently been involved in supporting bereaved young people following a major incident

### 4. How useful did you find the content of the keynote presentations? (circle appropriate box)

Morning presentation	Excellent	Good	Average	Poor
Afternoon presentation	Excellent	Good	Average	Poor

pto/.....

**5. Please circle your assessment of the workshops you attended.**

	<b>Workshop</b>				
A	Grief and Trauma in Young Adults (14-25)	Excellent	Good	Average	Poor
B	Bereavement and the School Curriculum	Excellent	Good	Average	Poor
C	Crisis in schools – What can MAPS Crisis Team offer schools/settings in a crisis?	Excellent	Good	Average	Poor
D	Working collaboratively to support children (5-13) who have been bereaved.	Excellent	Good	Average	Poor
E	Young People and Suicide	Excellent	Good	Average	Poor
F	Challenging Behaviours, Who Can Help?	Excellent	Good	Average	Poor
G	Hand in hand – Supporting Children with Learning Difficulties Through the Experience of Bereavement	Excellent	Good	Average	Poor
H	Not In Front of the Children – Supporting Children and Young People Before Someone Dies	Excellent	Good	Average	Poor
I	Supporting Very Young Children who are Bereaved	Excellent	Good	Average	Poor

**6. Did the conference meet your expectations? (tick appropriate box)**

Yes  No

**7. Has the conference made you more aware of the needs of bereaved children and young people? (tick appropriate box)**

Yes  No  Not sure

**8. Has the conference made you more confident in supporting bereaved children and young people? (tick appropriate box)**

Yes  No  Not sure

*pto/.....*

**9. Please tick the box which comes closest to your views on the quality of this conference.**

Conference packs	Excellent	Good	Average	Poor
Administration of delegate bookings	Excellent	Good	Average	Poor
Venue location & access	Excellent	Good	Average	Poor
Venue facilities	Excellent	Good	Average	Poor
Staff helpfulness on the day	Excellent	Good	Average	Poor
Catering	Excellent	Good	Average	Poor
Bookstall	Excellent	Good	Average	Poor
Programme content	Excellent	Good	Average	Poor
Value for money	Excellent	Good	Average	Poor
Exhibition stands	Excellent	Good	Average	Poor

**10. Any other comments or suggestions you wish to share** *(continue on separate sheet if required):*

**11. What are you going to follow up after today?**

- Take up opportunities for staff training within my setting.
- Make contact with SABN for further information.
- Review bereavement/crisis policy within my setting.
- Other *(please specify)*: .....

**12. Periodically SABN may wish to inform you about future events and resources. If you would like to receive this information, please complete the section below:**

Name: .....

Organisation: .....

Address: .....

Tel: ..... email: .....

***Many thanks for your time in completing this evaluation. Please hand it to a member of SABN staff or post it back to:***

Conference Administrator, SABN, PO Box 671, St Albans, AL1 3ZX