

### What best describes your role in attending this event?

I am an agency/organization representative.

#### Marking instructions

**CORRECT:**

**INCORRECT:**



My agency is:

For profit

Not-for-profit

I/My agency can best be described as:

County/City government

Medical professional

Other: \_\_\_\_\_

My agency provides mental health care:

Yes

No

I am a Youth.

My age is:

Under 12 years

12 - 17

18-21

I am a Parent/Caregiver. (Please check agency/organization above if you are a Family Advocate.)

I found this event helpful in increasing my awareness of children's mental health issues in our community.

Yes

No

I feel this event appropriately and sensitively addressed the issue of children's mental health in our community.

Yes

No

If No, why not? \_\_\_\_\_

Would you like to see the tissue boxes with organization logos in future events?

Yes

No

The time of this event was convenient for me to attend.

Yes

No

If you answered No, would you prefer:

A weekday evening.

Yes

No

A weekend afternoon.

Yes

No

A weekend evening.

Yes

No

The location for this event was convenient for me.

Yes

No

If No, what location(s) would you recommend? \_\_\_\_\_

Which parts of this event did you find helpful? *(Check all that apply.)*

Family sharing experiences

Most Valuable Voices Award presentation

Display of youth creative work

Youth sharing experiences

Table displays with information

Youth talent

### If you are an organization or agency, please answer the following:

I plan to post the "We Support Children's Mental Health" poster at my office/organization.

Yes

No

Not Applicable

Our organization would be interested in being included on the tissue box next year.

Yes

No

Not Applicable

**(Please do not write in this area)**

Please share any additional comments on the reverse side:

