

JustServe AmeriCorps 2009-2010
Youth Violence Prevention Education Survey

Workshop/Presentation Name: _____

Today's Date: _____

- 1) Did you **gain new skills or knowledge** in this activity today, that could help you prevent violence against yourself or other people? (check one)

Yes

No

Comments:

- 2) Do you think that you will use this information to **take action** to prevent violence against yourself or other people, in the next month? (check one)

Yes

No

Comments: