

SURVIVORS OF SUICIDE ATTEMPTS FACILITATOR TRAINING QUESTIONNAIRE

FACILITATOR QUESTIONS

Name

What is your motivation for going through the training?

What is your experience in working with people at risk for suicide?

What is your comfort in public speaking?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>									

very uncomfortable

neutral

very comfortable

FACILITATOR QUESTIONS (CONT.)

What is your comfort in group facilitation?

1 2 3 4 5 6 7 8 9 10

very uncomfortable

neutral

very comfortable

Please list examples of your experience (groups you have run, presentations/media, etc.).

Will you be in the role of the clinical facilitator or peer facilitator?

Where do you plan to run the group? Within an organization? If so, do you have the support of the organization?

Please list the name, title and contact information for your supervisor who has approved your attendance in the training and implementation of the group.

ORGANIZATION QUESTIONS

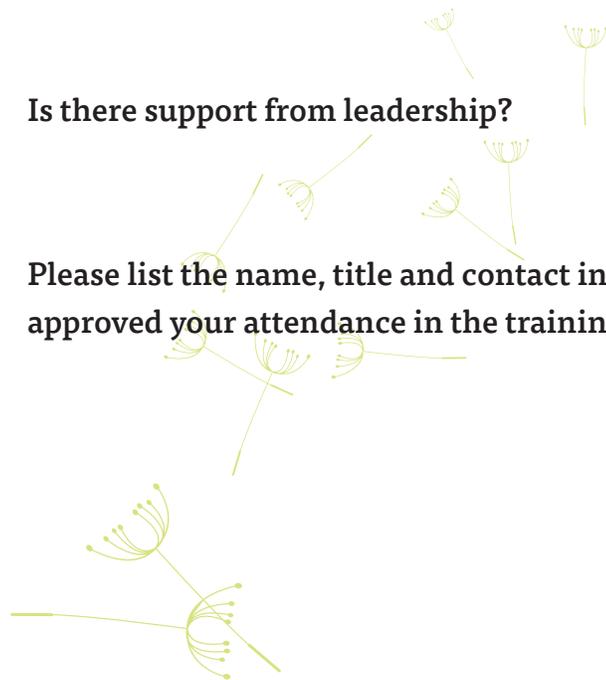
How do you plan to recruit participants?

What type of organization is seeking to implement the group?

What is the organization name?

Is there support from leadership?

Please list the name, title and contact information for the leadership staff member who has approved your attendance in the training and implementation of the group.



ORGANIZATION QUESTIONS (CONT.)

Has the agency done any work with peers before? Please list any examples of programs where the agency has worked with peers.

What partnerships (EDs, inpatient facilities, community mental health centers, etc.) do you have as potential referral resources?

Do you have a connection with your local crisis center? Is this center part of the National Suicide Prevention Lifeline?

Please list the name of the center.

Will participants have to pay for the group?

Will they be required to be clients of the agency?

ORGANIZATION QUESTIONS (CONT.)

Is there a person in the organization who will coordinate the SOSA group efforts?

Please list the name, title and contact information of the person who will coordinate.

Who will be the clinical facilitator? Who will be the peer facilitator? What other commitments do these individuals have? Will they have enough time to devote to their roles as facilitators?

Please list the name, title and contact information of the clinical facilitator.

Please list the name, title and contact information of the peer facilitator.

Checking this box is required and indicates that both the training participant and their supervisor understand and agree to all of the commitments of the training and implementation of the group.

PLEASE EMAIL COMPLETED FORM TO SOSA@DIDIHIRSCH.ORG