EVALUATION FORM

The Department of Social Services, Division of Child Protection Services, wants to thank you for your interest in promoting April as Child Abuse Prevention Month. The Department is pleased to provide you information on this website to assist you and others in your community with Child Abuse Prevention resources. Please take a moment to answer the questions below so the Department can use this information to improve this website next year to promote activities for the month of April.

If you would like to be included in the e-mail that is sent next year please complete the following information:
Name: _____
Address:_____
Phone Number: _____
E-mail address: _____

Indicate your organization by type:

- Law Enforcement _____
- Business _____
- School _____
- Health Care _____
- Child Protection Team _____
- Child Care _____
- Head Start _____
- State Agencies (please specify) _____
- Other (please specify) _____

Did you use the information on this site? Yes ___ No ___

If so, how useful was the information? 1 2 3 4 5
Very Useful Not Useful

Did you share the information with staff, families, or the general public? Yes ____ No ____

What activities do you plan for Child Abuse Prevention Month?

Additional Comments:

Thank you for taking time to complete this evaluation! Please return to:

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