

Family Violence Appellate Project

Title of Activity: California Values Act Guidance for Domestic Violence Programs and Advocates

Name (optional): _____

Organization (optional): _____

County (optional): _____

Date: _____

1. Please rate your agreement or disagreement with the following statements (required).

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Does Not Apply
I have more information about the training topic(s) after attending the training than I did before the training.						
The training was easily accessed and viewed.						
The information in the training was relevant to the unique needs of the community(ies) I serve/represent.						

Please elaborate on any of the above, if you wish (optional).

2. Please share your suggestions for how FVAP could improve this training (optional).