



The Healing Journey

FEEDBACK FORM

Your opinion is very important to us. We want to know what you think about the The Healing Journey Toolkit and website. How are you using these resource?
Please check any of the following that you have seen and read.

- User's Guide
- Fact Sheets
- Family Violence Resources
- Safety Planning for Aboriginal Women and Children
- Poster, Bookmark, Postcards
- Creating a Family Violence Prevention Community Action Plan
- Website

USER GUIDE AND FACT SHEETS

1. Was the information in the Fact Sheets easy to read and understand?

- Yes
- No

Please comment: _____

2. Was the content of the Fact Sheets relevant and useful?

- Yes
- No

Please comment: _____

FAMILY VIOLENCE RESOURCES

3. Did the Family Violence Resources booklet list useful services?

- Yes
- No

Are there any services that you think should be included but that are not currently listed?

POSTER

4. Did you like the poster?

- Yes
- No

If yes, where did you hang it? _____

BOOKMARKS and POSTCARDS

5. Did you order and distribute these items in your community?

- Yes
- No

Please comment: _____

WEB SITE

6. Have you visited the Healing Journey web site?

- Yes
- No

7. Was the information on the web site (check if yes)

- easy to find and use
- easy to read
- easy to download, make links and send email

8. Do you have any suggestions about how to improve the web site or add new links, resources or resources? _____

RESPONDING TO FAMILY VIOLENCE IN YOUR COMMUNITY

Please answer the following questions about your follow up activities after reviewing the Toolkit products.

9. Was the information in the Toolkit shared widely with people in the community?

- Yes
- No

Please comment: _____

10. After reading the Toolkit, did your community develop a work plan or any new initiatives to help individuals, families and the community?

- Yes
- No

Please comment: _____

11. Would you recommend the Toolkit to others?

- Yes
- No

Please comment: _____

12. Do you have any further comments?

WHEN COMPLETED, PLEASE RETURN THIS FORM TO:

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