



**Franklin County CIT Program
Training Evaluation Form
Crisis Intervention Team Course**

Overall Comments, Summary, and Future Planning

1. Place a ✓ in the appropriate box with ratings: **1 = Poor, 3 = Fair, 5 = Excellent**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Your rating for the course overall | | | | | |

2. Any comments about the overall course? _____

3. There are plans for future “advanced” training sessions of short duration. Please rate the following topics on the following scale and place a ✓ in the response block that fits your beliefs about whether more is needed/wanted on the topic:
1 = Definitely Not Needed, 3 = Neutral, 5 = Definitely Needed

| Topics | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Mental illness diagnoses (further exploration) | | | | | |
| Psychotropic medications and effects | | | | | |
| Substance abuse and its relationship to mental illness | | | | | |
| Mental illness in children/adolescents and how it is handled within the system | | | | | |
| Pink slipping | | | | | |
| Interacting with persons who have developmental disabilities (to include Autism [ASD] & Asperger’s) | | | | | |
| Interacting with various cultures | | | | | |
| Interacting with returning veterans who may have PTSD | | | | | |
| Excited Delirium | | | | | |
| System of Care in Franklin County (MI & DD)—How the systems work | | | | | |
| Review of available services in Franklin County | | | | | |

Please add any topics not mentioned (you can use the rear of the sheet if needed)

- _____
- _____
- _____
- _____