Please take a few moments to give us some feedback about your experience at the Stand Down. Please mark only one box.

**Are you a service provider** 🞏 **or volunteer** 🞏 ?

**How would you rate your satisfaction with the Stand Down?**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**I learned new information from participating at the Stand Down.**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**I made connections with local organizations that I can collaborate with at the Stand Down.**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**I will share information that I received at or about the Stand Down with others.**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**The Stand Down was well organized.**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**If repeated, I would again participate in a Stand Down.**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**What service was provided most by your organization (for service providers only)?**

**Please share any stories, moving moments or lessons learned as a result of attending the Stand Down:**

**Please describe the single most important benefit you will take from this event?**

**Additional comments or feedback:**