

## Presenter Self Assessment

Please complete this presenter self assessment and help us improve professional development for out-of-school time staff. All information collected will remain confidential. Circle the number that reflects your opinion for questions 1 – 14.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
1. I clearly communicated the learning objectives/goals of the workshop to participants.	5	4	3	2	1
2. I sufficiently addressed the learning objectives/goals.	5	4	3	2	1
3. I asked participants what they wanted to gain from this workshop.	5	4	3	2	1
4. This workshop provided participants with new knowledge or skills.	5	4	3	2	1
5. The participants were satisfied with this workshop.	5	4	3	2	1
6. I was well-prepared.	5	4	3	2	1
7. I adequately addressed questions from participants.	5	4	3	2	1
8. I maintained a safe and respectful environment.	5	4	3	2	1
9. I used the participants' experiences as a resource for learning.	5	4	3	2	1
10. I used my own experiences as a resource for learning.	5	4	3	2	1
11. I clearly exhibited expertise in this workshop topic.	5	4	3	2	1
12. I gained the respect of the participants.	5	4	3	2	1
13. I provided some form of follow up assistance (e.g., contact information for questions, website).	5	4	3	2	1
14. The workshop organizers were helpful to me as a presenter.	5	4	3	2	1

For each activity, first circle 'yes' or 'no' if the activity happened in your workshop. Then, for those activities in which you circled 'yes,' rate on a scale of 1 to 5 how much you think participants learned from this activity.

	Yes	No	A great deal	A lot	Something	Very Little	Nothing
15. Lecture	Y	N	5	4	3	2	1
16. Large group discussion (6+ people)	Y	N	5	4	3	2	1
17. Small group discussion (up to 5 people)	Y	N	5	4	3	2	1
18. Individual time to strategize application	Y	N	5	4	3	2	1
19. Visual media (video, PowerPoint)	Y	N	5	4	3	2	1
20. Audio media (music, CD)	Y	N	5	4	3	2	1
21. Physical Activity (hands-on, interactive)	Y	N	5	4	3	2	1
22. Other: <b>(Specify)</b> _____	Y	N	5	4	3	2	1

23. The following materials were distributed at this workshop: **(Check ALL that apply.)**

- Handouts    
  Resource Materials    
  Free supplies    
  No materials distributed    
  Other **(Specify)** \_\_\_\_\_

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## Presenter Self Assessment

Please circle 'yes' or 'no' for the following statements. If you circle 'yes' for any of the statements below, please describe further in detail.

	Yes	No	If 'yes,' describe further:
24. I ran out of time.	Y	N	
25. I had logistical problems.	Y	N	
26. The audience was smaller than I expected.	Y	N	
27. The audience was larger than I expected.	Y	N	
28. Other issues ( <b>Specify</b> ) _____	Y	N	

The following information is collected for statistical purposes only and will remain confidential.

29. Your gender:       Male       Female       Transgender
30. Your highest level of education:       Some High School       Bachelors Degree  
    HS Diploma/GED       Masters Degree  
    Some College       Doctoral Degree  
    Associates Degree       Other (Specify) \_\_\_\_\_
31. Your race/ethnicity (Choose **All** that apply):       Asian       American Indian /Alaska Native       Black/African American  
    Hispanic/Latino       Native Hawaiian/Pacific Islander       White or Caucasian  
    Other (Specify) \_\_\_\_\_
32. Your age:       20 or under       25 – 29       35 – 39       45 – 49       55 – 60  
                                  21 – 24       30 – 34       40 – 44       50 – 54       61 or older
33. I currently spend most of my work week on: (**Choose ONE answer**)  
 Upper-Level Administration (such as manage an organization, manage a budget, fundraise, and/or work with a governing board.)  
 Mid-Level Administration (such as manage/direct one or more program sites.)  
 Direct-Service (such as work directly with children/youth.)  
 Capacity-Building (such as provide professional development, technical assistance, monitor programs, evaluate programs, and/or conduct research.)  
 Other: \_\_\_\_\_
34. I work with or on behalf of the following youth populations: (**Choose ALL that apply**)  
 Infants/Toddlers       Preschoolers       K- 5<sup>th</sup> Graders       6<sup>th</sup> – 8<sup>th</sup> Graders       9<sup>th</sup> – 12<sup>th</sup> Graders  
 College Students       Special Needs Youth       ESL Youth       Youth who have dropped out of school  
 Other \_\_\_\_\_
35. I have the following number of years experience working with or on behalf of youth:  
 One year or less       2 -5 years       6 – 10 years       11 -20 years       21 + years       None of these apply to me
36. Please share additional comments, feedback and/or suggestions about this workshop:
- 
- 
- 

**THANK YOU!**