

Workshop Survey

Please complete this workshop evaluation and help us improve professional development for out-of-school time staff. All information will remain confidential. Circle the number that reflects your opinion for questions 1 - 18.

The workshop.....	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1. <i>TITLE OR DESCRIPTION</i> was accurate.	5	4	3	2	1
2. Topic was relevant to my work.	5	4	3	2	1
3. Provided me with new knowledge or skills.	5	4	3	2	1
4. Provided opportunities to practice using new knowledge or skills.	5	4	3	2	1
5. Included opportunities for participants to interact with one another.	5	4	3	2	1
6. Included more than one format (such as lecture, discussion, or brainstorming).	5	4	3	2	1
The presenter(s).....					
7. Stated the goals of this workshop at the beginning of the session.	5	4	3	2	1
8. Exhibited expertise on this workshop topic.	5	4	3	2	1
9. Was/were well-prepared and organized.	5	4	3	2	1
10. Welcomed questions, comments, and discussion.	5	4	3	2	1
11. Maintained a safe and respectful environment.	5	4	3	2	1
12. Suggested ways to use this workshop information.	5	4	3	2	1
13. Provided some form of follow up assistance (e.g., contact information for questions or a website for reference.)	5	4	3	2	1
14. Overall, I was satisfied with this workshop.	5	4	3	2	1
15. I plan to use this workshop information.	5	4	3	2	1
16. My organization will support me in using this workshop information.	5	4	3	2	1
17. My organization will expect me to use this workshop information.	5	4	3	2	1
18. I plan to share this workshop information with colleagues.	5	4	3	2	1

Choose ONE answer for questions 19 – 24.

19. The size of the room was..... Too small Just right Too large
20. The temperature of the room was..... Too cold Just right Too hot
21. The number of participants was..... Too small Just right Too large

- | | Yes | No |
|---|--------------------------|--------------------------|
| 22. I was required to attend this workshop. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. More than one staff member from my organization attended this workshop. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I would recommend this workshop to colleagues. | <input type="checkbox"/> | <input type="checkbox"/> |

Workshop Survey

Circle the number that reflects your opinion.

	HIGH	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	LOW
25. My knowledge of this workshop topic:					
a. before attending this workshop was:	5	4	3	2	1
b. now that I have attended this workshop is:	5	4	3	2	1
26. My belief in the importance of this workshop topic:					
a. before attending this workshop was:	5	4	3	2	1
b. now that I have attended this workshop is:	5	4	3	2	1

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

27. Your gender: Male Female Transgender

28. Your highest level of education (Choose ONE answer):

<input type="checkbox"/> Some High School	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> HS Diploma/GED	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Doctoral Degree
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Other (Specify) _____

29. Your race/ethnicity (Choose All that Apply):

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian /Alaska Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Other (Specify) _____		

30. Your age:

<input type="checkbox"/> 20 or under	<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 45 – 49	<input type="checkbox"/> 55 – 60
<input type="checkbox"/> 21 – 24	<input type="checkbox"/> 30 – 34	<input type="checkbox"/> 40 – 44	<input type="checkbox"/> 50 – 54	<input type="checkbox"/> 61 or older

31. 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: _____

32. I work with or on behalf of the following youth populations: (Choose ALL that apply)

- Infants/Toddlers Preschoolers K- 5th Graders 6th – 8th Graders 9th – 12th Graders
- College Students Special Needs Youth ESL Youth Youth who have dropped out of school
- Other _____

33. 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

34. Please share additional comments, feedback and/or suggestions about this workshop:

THANK YOU!