

TRAINING/CONFERENCE: _____ **DATE:** _____

Purpose: Please fill out this anonymous survey so we can improve the content and methods of our training. Our training goals are to inspire you and provide the tools you need to make positive change in your work. Your honest feedback really matters to us! Thanks.

DEMOGRAPHIC QUESTIONS

1. Do you work directly with youth? Yes No

2. What is your occupation? (circle all that apply)

- a. Educator
- b. Social Worker
- c. Mental Health Provider
- d. Law Enforcement (police, probation, corrections)
- e. Court Official, Lawyer, other legal professions
- f. Policy Maker or Administrator (elected official, child welfare supervisor, principal, etc.)
- g. Other (please specify or clarify the above):

3. What geographic region(s) do you work in? (circle all that apply)

- a. San Francisco County
- b. San Mateo County
- c. Alameda County
- d. Contra Costa County
- e. Solano County
- f. Other (please specify additional locations by city and/or county and state):

4. Have you attended other trainings on this issue? Yes No

EVALUATION QUESTIONS

1. On a scale of 1 to 5, please rate your level of knowledge about the impacts of parental incarceration on children before and after the presentation.

	Not at all knowledgeable	A little	Somewhat	Very	Expert
BEFORE	1	2	3	4	5
AFTER	1	2	3	4	5

2. Assess the length and level of the presentation.

LENGTH	Too long	Just right	Too short
LEVEL	Too advanced	Just right	Too basic

3. Rate the trainers

	Excellent	Good	Needs Improvement
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and Engaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded well to Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional feedback for any or all of the trainers:

4. Please rate how effective the different parts of today's training were for you:

	Very	Somewhat	Not	N/A
Project WHAT! Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Icebreakers (Stand & Decide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/CJS Overview (PPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Sentence Apart (film)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q&A/Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. As a result of today's training, you plan to: (circle all that apply)

- a) Learn more about this issue on your own
- b) Reach out to a specific child (e.g., give them resources, help them visit or write to an incarcerated parent, talk to them about what they are going through, refer them to other services, etc.)
- c) Invite Project WHAT! to do training at your organization
- d) Spread the word about issues of incarceration or about PW to other people or organizations
- e) OTHER: please specify (or elaborate on the above)

6. Are you inspired and empowered to act upon the issues discussed in this training? Explain.

7. Please tell us how we could improve our presentation. Is there anything else you would have wanted to learn or hear? Do you have any other questions, comments or concerns?

8. _____ Yes, you can contact me in 6-12 months to participate in your long-term evaluation. The informational interview may be done via email or phone. It should take 15 to 20 minutes.

Please provide your first and last name, a phone number and email address OR attach your business card.

First Name _____

Last Name _____

Organization _____

Phone Number _____

Email _____