

Sitka Safe Start Training Evaluation

The TODOS workshop is one of several training events that will be conducted over the course of the Sitka Safe Start Initiative. To help us better plan for future events, we need your feedback. Please answer the following questions as honestly as possible. You may return your form to the designated box or mail it to the Safe Start office. Thank you!

Part 1: Please circle the extent to which you agree or disagree with each statement.

NA= Not applicable SD= Strongly Disagree D= Disagree U= Uncertain A= Agree SA= Strongly Agree

	NA	SD	D	U	A	SA
1. Based on my experience today, I want to attend future Safe Start training.	0	1	2	3	4	5
2. I learned something new at the session.	0	1	2	3	4	5
3. The information presented will be useful to me.	0	1	2	3	4	5
4. I will share the information and resources I received today with my colleagues.	0	1	2	3	4	5
5. Attending this session was worth the cost of time and/or money.	0	1	2	3	4	5
6. The presented material was applicable to my professional needs.	0	1	2	3	4	5
7. The material was organized and presented well.	0	1	2	3	4	5
8. I would recommend this training to others.	0	1	2	3	4	5

Part 2: Please circle the rating that best describes these aspects of today's training.

	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5	Not Applicable NA
1. Registration	1	2	3	4	5	NA
2. Presenter(s)	1	2	3	4	5	NA
3. Handouts	1	2	3	4	5	NA
4. Setting	1	2	3	4	5	NA
5. Length of time	1	2	3	4	5	NA
6. Activities	1	2	3	4	5	NA
7. Overall rating	1	2	3	4	5	NA

Part 3: Training Objectives. Please rate the training's success at providing the following information and skills.

	Unsuccessful 1	Somewhat Unsuccessful 2	Moderately Successful 3	Quite Successful 4	Very Successful 5
1. Overview of TODOS mission/history.	1	2	3	4	5
2. Awareness of your own gender biases	1	2	3	4	5
3. Awareness of your own cultural biases	1	2	3	4	5
4. Increased sensitivity to other's gender experiences	1	2	3	4	5
5. Increased sensitivity to other's cultural experiences	1	2	3	4	5

	Not at all 1	Somewhat 2	Moderately 3	Quite 4	Very 5
6. How knowledgeable were you about the content presented prior to attending the training?	1	2	3	4	5
7. How knowledgeable do you feel you are now after attending the training?	1	2	3	4	5
8. What one thing are you inspired to change in your community or at work based on your experience at the TODOS training?					

Part 4: Recommendations

1. What were the major strengths of the training?

2. How could we improve future training sessions?

3. Other comments:

Part 5: Demographics

1. What agency/daycare do you represent? _____
2. What is your position? _____
3. What is your role in implementing the Safe Start Initiative in Sitka? (check all that apply)

_____ PCIT implementation	_____ refer families to Safe Start	_____ Other:
_____ member of Collaborative Committee	_____ share DV statistics	_____
_____ CDCP implementation	_____ member of subcommittee	_____