**<Name of Program> Evaluation**

Thank you for participating in our program! To help us improve this program further, we would like to gather your responses to the questions below. Your participation is voluntary, and you do not have to respond to any questions you do not want to answer. This information will only be used for evaluation purposes, and you will not be identified in any way by the information you provide.

For each of the items below, please indicate your level of agreement with each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| After participating in this program, I gained knowledge about: | | | | | |
|  | Strongly  Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
| <EXAMPLE: How to disagree with someone without hurting our relationship> |  |  |  |  |  |
| <Enter other key content from program> |  |  |  |  |  |
| <Enter other key content from program> |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| After participating in this program, I plan to: | | | | | |
|  | Strongly  Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
| <EXAMPLE: Use more positive nonverbal behaviors when I communicate with family members> |  |  |  |  |  |
| <Enter other target behavior from program> |  |  |  |  |  |
| <Enter other target behavior from program> |  |  |  |  |  |
| Tell someone else about what I learned |  |  |  |  |  |

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| --- |
| One thing I learned from this program that I did not know before was… |
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| One thing I wanted to learn from this program or would like to learn in the future is… |
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| --- | --- | --- | --- |
| Overall, how valuable was this program to you? (Please circle your response) | | | |
| *Not at all* | *Somewhat valuable* | *Valuable* | *Very valuable* |

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| --- |
| Please provide any additional comments you may have. |
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| --- | --- | --- | --- |
| Gender | * Male | * Female | * Prefer not to respond |

|  |  |
| --- | --- |
| Please indicate your county: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| <Other Demographic Information> | * <Option 1> | * <Option 3> | * <Option 5> |
| * <Option2> | * <Option 4> | * <Option 6> |

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| Thank you for taking the time to complete this evaluation! We greatly appreciate your feedback.  Please return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |