

Program Evaluation Survey

How to fill in this form

Your feedback helps us improve this program for future participants. Please fill the checkboxes completely using a blue or black pen. There are no right or wrong answers, and your responses are treated confidentially.

Participant background

Which best describes your current role?

- ☐ Frontline staff ☐ Team lead or supervisor ☐ Manager ☐ Senior leadership (Please cross one)
- ☐ Independent professional Other

How many years of experience do you have in your field?

- ☐ Less than 2 years ☐ 2 to 5 years ☐ 6 to 10 years ☐ 11 to 20 years ☐ More than 20 years (Please cross one)

Which program cohort did you attend?

- ☐ Spring cohort ☐ Summer cohort ☐ Fall cohort ☐ Winter cohort (Please cross one)

How many of the program sessions did you attend?

- ☐ All of them ☐ Most of them ☐ About half ☐ Fewer than half (Please cross one)

Program content

How would you rate the following aspects of the program content?

Please cross one in each line Poor Fair Good Very good Excellent

Relevance of the topics to your day-to-day work	☐	☐	☐	☐	☐
Clarity of the learning objectives	☐	☐	☐	☐	☐
Quality of the workbooks and handouts	☐	☐	☐	☐	☐
Balance of theory and hands-on practice	☐	☐	☐	☐	☐
Usefulness of the case studies and examples	☐	☐	☐	☐	☐
Depth of coverage for each topic	☐	☐	☐	☐	☐
Order and flow of the sessions	☐	☐	☐	☐	☐
Time allowed for questions and discussion	☐	☐	☐	☐	☐

How was the overall pace of the program?

- Much too slow 1 2 3 4 5 Much too fast
- ☐ ☐ ☐ ☐ ☐

How was the difficulty level of the material?

- Much too easy 1 2 3 4 5 Much too hard
- ☐ ☐ ☐ ☐ ☐



Facilitators

Please rate your agreement with the following statements about the facilitators.

Please cross one in each line

The facilitators knew the subject matter thoroughly

The facilitators explained ideas clearly

The facilitators encouraged questions and discussion

The facilitators gave useful feedback on exercises

The facilitators managed session time well

The facilitators created a respectful learning environment

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

How easy was it to reach the facilitators outside of the sessions?

(Please cross one)

☐ Very easy ☐ Fairly easy ☐ Fairly difficult ☐ Very difficult ☐ I never tried

Skills before and after

For each skill below, rate yourself as you were BEFORE the program and as you are now, AFTER the program. Cross one box in each row.

Before						After				
1	2	3	4	5		1	2	3	4	5
☐	☐	☐	☐	☐	Understanding the core concepts	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	Applying the methods independently	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	Confidence presenting results to others	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	Mentoring others in these skills	☐	☐	☐	☐	☐

1 = Poor 2 = Fair 3 = Good 4 = Very good 5 = Excellent

Application at work

Please rate your agreement with the following statements about applying the program.

To respond ☒ or ☐

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Please cross one in each line

I have already used what I learned in my work
I can explain the benefits of these methods to colleagues
My manager supports me in applying what I learned
I have the tools and resources I need to apply the material
I expect to still be using these skills a year from now

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Which of the following have made it harder to apply what you learned? Cross all that apply. (Please cross all that apply)

- | | | | |
|---|---|--|---|
| ☐ Not enough time | ☐ Lack of management support | ☐ Limited budget or tools | ☐ The material does not fit my current tasks |
| ☐ I need more practice or follow-up training | ☐ No barriers so far | Other <input type="text"/> | |

Outcomes and impact

How likely are you to recommend this program to a colleague?

Not at all likely	0	1	2	3	4	5	6	7	8	9	10	Extremely likely
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Overall, how valuable was the program relative to the time you invested?

Not at all valuable	1	2	3	4	5	Extremely valuable
	☐	☐	☐	☐	☐	

What was the most valuable part of the program for you?

What was the least valuable part of the program?

To respond ☒ or ☐

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What changes would you suggest for future cohorts?

Looking ahead

Would you take part in a program like this again?

(Please cross one)

- ☐ Definitely yes ☐ Probably yes ☐ Not sure ☐ Probably not ☐ Definitely not

Which topics would you like to see covered in a future program? Cross all that apply. (Please cross all that apply)

- ☐ Advanced or specialist techniques ☐ Refresher on the core material ☐ Real-world case studies ☐ Leadership and coaching skills
- ☐ Tools and software training ☐ Peer networking and community Other

How would you prefer future sessions to be delivered?

(Please cross one)

- ☐ Fully in person ☐ Fully online ☐ A mix of in person and online ☐ No preference

Please rate your agreement with the following statements about the program as a whole.

Please cross one in each line

The program met the goals I set for myself
The length of the program felt about right
The venue and facilities supported my learning
I would recommend this program to a colleague

- Strongly disagree
Disagree
Neutral
Agree
Strongly agree
- ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

To respond ☒ or ☐

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Please cross one in each line

- ☐ Strongly disagree
☐ Disagree
☐ Neutral
☐ Agree
☐ Strongly agree

The program was a good use of my time

What one change would have made the biggest difference to your experience?

Any other comments you would like to share with the program team?

Thank you for completing this evaluation. Please return the form to the program coordinator or place it in the marked collection box.

To respond ☐ or ☐

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