

## Before and After Survey

For each statement, rate yourself as you were BEFORE the program and as you are AFTER it. Cross one box on each side. Please use a blue or black pen.

# Your confidence and skills

| Before                |                       |                       |                       |                       |                                          | After                 |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     |                                          | 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I understand the key concepts            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I feel confident applying what I learned | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I can explain this topic to someone else | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I know where to find help when I need it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1 = Strongly disagree    2 = Disagree    3 = Neutral    4 = Agree    5 = Strongly agree

# Overall

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

Not at all likely ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Extremely likely

## What made the biggest difference for you?

PRE

## What could be improved?

To respond ☐ or ☒



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