**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?** *(Please cross one)*

- ◯ Frontline staff
- ◯ Team lead or supervisor
- ◯ Manager
- ◯ Senior leadership
- ◯ Independent professional

Other _____

**How many years of experience do you have in your field?** *(Please cross one)*

◯ Less than 2 years ◯ 2 to 5 years ◯ 6 to 10 years ◯ 11 to 20 years ◯ More than 20 years

**Which program cohort did you attend?** *(Please cross one)*

◯ Spring cohort ◯ Summer cohort ◯ Fall cohort ◯ Winter cohort

**How many of the program sessions did you attend?** *(Please cross one)*

◯ All of them ◯ Most of them ◯ About half ◯ Fewer than half



*To respond ⊗ or ●*

DRFT 0001

# 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 ○ ○ ○ ○ ○ Much too fast

**How was the difficulty level of the material?**

Much too easy ○ ○ ○ ○ ○ Much too hard



*To respond ⊗ or ●*

DRFT 0002

# Facilitators

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

| *Please cross one in each line* | *Strongly disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly agree* |
|---|---|---|---|---|---|
| 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 | ◯ | ◯ | ◯ | ◯ | ◯ |

**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



*To respond* ⊗ *or* ●

# 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*



*To respond ⊗ or ●*

DRFT 0004

# Application at work

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

*Please cross one in each line*

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|---|---|---|---|---|
| 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 | ○ | ○ | ○ | ○ | ○ |

**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 ☐



*To respond ⊗ or ●*

## Outcomes and impact

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

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

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

Not at all valuable ○ ○ ○ ○ ○ Extremely valuable

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

**What was the least valuable part of the program?**

**What changes would you suggest for future cohorts?**

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* ●