

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

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

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

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 ☐

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

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 ☒

Application at work

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

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

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

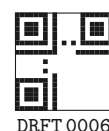
What was the most valuable part of the program for you?

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 ☐



DRFT 0006