

Parent Workshop Survey

We want to learn if our services have helped you and your family. There are no right or wrong answers. Please answer the questions honestly. Your participation is voluntary and your responses are **confidential**. Thank you!!

Name of workshop: _____ Today's date (mm/dd/yy): _____

Start time of workshop (hour:minutes): _____ Language workshop was provided in: _____

1. In what language do you prefer receiving services? (check only one)
 English Spanish Mixteco Other, please specify: _____

2. Which ethnicity or race best describes you? (check only one)
 Alaskan Native/American Indian Hispanic/Latino Multiracial
 Asian Pacific Islander Other, please specify: _____
 Black/African American White

3. Was the location of this workshop convenient for you? Yes No
4. Was the environment pleasant and inviting? Yes No
5. Was this workshop offered at a time that was convenient for you? Yes No

Please check the extent to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
6. The teacher/presenter communicated in a way that was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher/presenter was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. As a result of this workshop I have gained knowledge about the topics discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I intend to use what I learned in this workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My culture and traditions were respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overall, the quality of the workshop was excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What from this workshop was most useful to you? _____

13. What will you do differently after taking this workshop? _____

14. What other topics should we cover in our workshops? _____



Please turn over to complete this survey

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|--|---|--|--|---|
| 15. Overall, how satisfied are you with this workshop? | Very Satisfied
<input type="checkbox"/> | Satisfied
<input type="checkbox"/> | Dissatisfied
<input type="checkbox"/> | Very Dissatisfied
<input type="checkbox"/> |
| 16. Overall, how comfortable are you with the program staff? | Very Comfortable
<input type="checkbox"/> | Comfortable
<input type="checkbox"/> | Uncomfortable
<input type="checkbox"/> | Very Uncomfortable
<input type="checkbox"/> |
| 17. Would you recommend this workshop to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | |

Thank you for your participation!

For Staff Use Only

Location: _____