

Next Steps NH Training Evaluation Form

Name of Training: Listening to Your Child's Voice While Building Independence

Date of Event: _____

Please complete this short evaluation form. Your feedback is very important in helping to provide events that meet your needs. No individually identifiable information will be collected. All responses will be reported in the aggregate.

Role:

- Teacher
- Parent/Guardian/Foster Parent
- Special Educator
- Student
- Other School Personnel
- Youth/Adult with a Disability (14-26) *If you are a youth adult with a disability, what is your disability?
- Other professional
- Community Member
- Other (specify) _____

1. How would you rate your level of knowledge of how to help your child prepare for life after high school prior to the training?

- Not Knowledgeable
 Somewhat Knowledgeable
 Knowledgeable
 Very Knowledgeable

2. How would you rate your level of knowledge of how to help your child prepare for life after high school after the training?

- Not Knowledgeable
 Somewhat Knowledgeable
 Knowledgeable
 Very Knowledgeable

3. Please check your response for this workshop. This workshop was:

High Quality Yes ___ No ___ Relevant Yes ___ No ___ Useful Yes ___ No ___

4. Please rate your level agreement with the following statements.

| | <i>Strongly Disagree</i> | <i>Disagree</i> | <i>Neutral</i> | <i>Agree</i> | <i>Strongly Agree</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Foundations | | | | | |
| A. The objectives and outcomes of the training were clear. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Training content was organized and clearly presented. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Applications | | | | | |
| C. Included time to practice and/or reflect on how to apply the training content to your life and/or work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Provided opportunities for you to interact with others related to the workshop topic. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluation | | | | | |
| E. Included opportunities to ask questions and personal viewpoints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mastery | | | | | |
| F. The workshop included time to plan follow-up activities for me to apply with my new knowledge and/or skill(s). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. What additional questions or concerns about how to help your child prepare for life after high school do you have?

Comment:

6. What did you find to be the most/least helpful part of the training?

| | |
|---------------------|----------------------|
| <i>Most Helpful</i> | <i>Least helpful</i> |
|---------------------|----------------------|

7. What is one way that you will use the information that you learned today?

Comment:

Completing any or all of this section is optional

The Parent Information Center collects the following information to help us improve our outreach & services. Some of the questions are included to fulfill Federal reporting requirements. Please note that all individual responses are confidential and will only be used for programmatic and reporting purposes.

| | | |
|---|--|---|
| <p>Race / Ethnicity</p> <p><i>What is your ethnicity?</i></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><i>What is your race?</i></p> <p><input type="checkbox"/> Caucasian (White)</p> <p><input type="checkbox"/> African American (Black)</p> <p><input type="checkbox"/> American Indian, Native American, or Native Alaskan</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian / Pacific Islander</p> <p><input type="checkbox"/> Multi-Racial (2 or more races)</p> <p><i>What is your primary language?</i></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other</p> | <p><input type="checkbox"/> Does your child have a disability?</p> <p><i>If yes, what is your child's primary disability:</i></p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Deaf/Blindness</p> <p><input type="checkbox"/> Deafness</p> <p><input type="checkbox"/> Developmental Delay (up to age 10)</p> <p><input type="checkbox"/> Emotional Disability (ED or EBD)</p> <p><input type="checkbox"/> Hearing Impairment</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input type="checkbox"/> Specific Learning Disability (LD)</p> <p><input type="checkbox"/> Multiple Disabilities (none primary)</p> <p><input type="checkbox"/> Orthopedic Impairment</p> <p><input type="checkbox"/> Other Health Impairment (includes AD/HD)</p> <p><input type="checkbox"/> Speech or Language Impairment</p> <p><input type="checkbox"/> Traumatic (or Acquired) Brain Injury</p> <p><input type="checkbox"/> Vision Impairment, including Blindness</p> <p><input type="checkbox"/> Suspected (undiagnosed disability)</p> <p><input type="checkbox"/> Other (specify _____)</p> | <p>How old is your child with a disability?</p> <p><input type="checkbox"/> Birth up to age 3</p> <p><input type="checkbox"/> Ages 3 through 5</p> <p><input type="checkbox"/> Ages 6 through 11</p> <p><input type="checkbox"/> Ages 12 through 14</p> <p><input type="checkbox"/> Ages 15 through 18</p> <p><input type="checkbox"/> Ages 19 to 21, still in school</p> <p><input type="checkbox"/> Ages 19 to 21, no longer in school</p> <p><input type="checkbox"/> Older than age 21</p> |
|---|--|---|

Thank you for your time and effort!

We periodically contact a random follow-up sampling of people who attend workshop sessions to get feedback on how this workshop has helped. Please provide the following information if you agree to be contacted in the future and or added to our email list:

Name: _____ Telephone: _____

Email: _____