







Workshop Title:

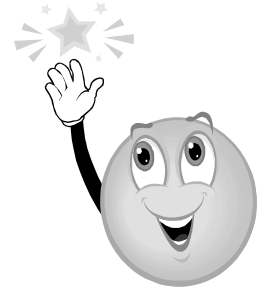
Date & Location:

Rate each- 1 being terrible (thumbs down) to 10 being fantastic (thumbs up)

										
	10	9	8	7	6	5	4	3	2	1
Presenter(s) were knowledgeable										
Workshop was well organized & structured										
Delivery of presentation										
Audio/Visual were effective										
Information is important to know										
Materials are of high quality										
Information presented is useful										
Describe one thing you learned.										
<hr/>										
<hr/>										
How can you apply what you learned?										
<hr/>										
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What additional topics would be helpful to you?										
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OPTIONAL Information (to assess whether we are reaching all communities) Check all that apply. <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> European American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other										

Wrap-Up Questions

(To do immediately after session)



What did you learn about yourself at this event?

What did you learn about disability?

What are activities or trainings that we could provide that would help you or other youth?

How can we support this group to keep you involved and supported?

Follow-Up Survey

(Send to youth six months after event)



What was the most beneficial information that you learned at the training?

Since the training what events or activities have you become involved with (such as clubs, school, organizations, contests, new job, leadership positions)?

How did your view of disability or yourself or disability change after the training?
