

Family Voices
Serving on Groups
Evaluation Survey Module 3

Name: _____

E-mail address: _____

Instructor name: _____ Date: _____

Please take the time to honestly answer the following questions. Your answers will help us understand what works and what we can improve to help more families make a difference by serving on decision-making groups. Your responses are very important to us.

We are asking for your name and e-mail address so that we can do a follow-up survey to understand changes over time. Your e-mail address will not be shared or used for any other purpose. Please let your instructor know if you have any questions or concerns. Thank you for your participation!

The following statements ask you to compare how you feel NOW, after you've taken the training, with BEFORE you took the training.

Module 3: Processes Groups Use	
<p>1a. Now, after the training, which of the following <u>guiding principles</u> of shared decision-making do you clearly understand? (check all that apply)</p> <p><input type="checkbox"/> Shared vision</p> <p><input type="checkbox"/> Representation</p> <p><input type="checkbox"/> Equal partners</p> <p><input type="checkbox"/> Collaboration</p> <p><input type="checkbox"/> Shared responsibility</p> <p><input type="checkbox"/> Information sharing</p> <p><input type="checkbox"/> Producing results</p>	<p>1b. Before the training, which of the following <u>guiding principles</u> of shared decision-making did you clearly understand? (check all that apply)</p> <p><input type="checkbox"/> Shared vision</p> <p><input type="checkbox"/> Representation</p> <p><input type="checkbox"/> Equal partners</p> <p><input type="checkbox"/> Collaboration</p> <p><input type="checkbox"/> Shared responsibility</p> <p><input type="checkbox"/> Information sharing</p> <p><input type="checkbox"/> Producing results</p>
<p>2a. Now, after the training, which of the following <u>group processes</u> do you clearly understand? (check all that apply)</p> <p><input type="checkbox"/> Information gathering</p> <p><input type="checkbox"/> Goal setting</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Collaboration</p> <p><input type="checkbox"/> Evaluation</p> <p><input type="checkbox"/> Processes for reaching agreement</p>	<p>2b. Before the training, which of the following <u>group processes</u> did you clearly understand? (check all that apply)</p> <p><input type="checkbox"/> Information gathering</p> <p><input type="checkbox"/> Goal setting</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Collaboration</p> <p><input type="checkbox"/> Evaluation</p> <p><input type="checkbox"/> Processes for reaching agreement</p>

Please indicate your level of agreement with the following statements about today's training. Please mark one box per row

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The training topic was covered in sufficient detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The training allowed sufficient time for questions and answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The instructor had high-quality presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor was highly knowledgeable about the topic covered today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please share any comments about the training or suggestions for improvement here:

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