

Family Voices
Serving on Groups
Evaluation Survey Module 8

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. Please mark one box per row.

Module 8: Skills for Serving on Groups					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1a. Now, after the training , I clearly understand strategies for effective meeting preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Before the training , I clearly understood strategies for effective meeting preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Now, after the training , I clearly understand strategies for dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Before the training , I clearly understood strategies for dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Now, after the training , I clearly understand strategies for effective meeting facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Before the training , I clearly understood strategies for effective meeting facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions to the best of your ability.

4. Do you serve on a decision-making group NOW?

☐ Yes

☐ No

5. Have you EVER served on a decision-making group?

☐ Yes

☐ No

6. Do you plan to join a decision-making group in the next 3 months?

☐ Yes

☐ No

7. If you have plans to join a group in the next 3 months, indicate what type of group you plan on joining:

☐ Governing

☐ Advisory

☐ Leadership

☐ Planning

☐ Evaluation

☐ Practice

☐ I do not plan to join a group in the next 3 months

Please indicate your level of improvement for each of the following statements

	Greatly Improved	Improved	Somewhat Improved	Same
8. Do you feel your leadership skills have improved after you completed Serving on Groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel that your communication skills have improved after you completed Serving on Groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel that your understanding of the types of decision-making groups available for families to join has improved after you completed Serving on Groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel that your ability to be an effective member of a decision-making group has improved after you completed Serving on Groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
12. Overall, the training will be useful for my experience of serving on groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The training topic was covered in sufficient detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The training allowed sufficient time for questions and answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I would recommend this training to a coworker or a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The instructor had high-quality presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 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"/>

18. The length of this training was: (check one)

☐ Too short

☐ About Right

☐ Too Long

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