

WORKSHOP EVALUATION

Please completely darken the oval next to your response.



Form ID: S2-NCACDSS02 v1.2

workshop title

1. The program area that best governs my work is:

- a. Medicaid
- b. Food & Nutrition Services
- c. Work First
- d. Child Welfare
- e. Aging and Adult Services
- f. Child Day Care
- g. Administration
- h. Operations
- i. Other _____

2. My position is best described as:

- a. Administration/Senior Management
- b. Fiscal/Budget
- c. Human Resources
- d. Program Manager/Supervisor
- e. Line Staff (Caseworker, Social Worker)
- f. Info./Technology
- g. Administrative Support
- h. Other _____

3. This workshop has increased my knowledge and understanding of the relevant subject matter.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. The objectives of the workshop were clear and attainable.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. This workshop has increased my skill level and enhanced my practice.

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|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. The workshop content was organized and well presented.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. The workshop materials and handouts were and will continue to be helpful resources.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. The skills/knowledge/techniques I learned in this workshop will help me in my "Day-To-Day" work and to improve services to my clients.

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|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. I was pleased with the overall quality of this workshop and would recommend it to others.

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Somewhat Agree | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mark bubbles completely. Right: Wrong:

10. Comments (Need more space? Please use separate sheet.)

10.1 What did you like **best** about this workshop?

10.2 What did you like **least** about this workshop?