



2. What was your overall impression of the program provided?

- Poor
- Below Average
- Average
- Good
- Excellent

3. Please rate the facility using the scale provided.

- | | Poor | Below Average | Average | Good | Excellent |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Meeting Room(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Refreshments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall facility rating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. The workshop met the learning objectives listed above.

- 1. Strongly Disagree
- 2. Disagree
- 3. Not Sure
- 4. Agree
- 5. Strongly Agree
- N/A

5. I gained significant knowledge from this training.

- 1. Strongly Disagree
- 2. Disagree
- 3. Not Sure
- 4. Agree
- 5. Strongly Agree
- N/A

6. Please indicate your gender:

- Female
- Male
- Transgender

7. What is your title/role?

- Community Activist
- Prevention Specialist
- Program Director
- Youth Leader
- Therapist Clinician
- Administrator
- Health Educator
- Milieu Staff
- Other: _____

8. Describe your agency/organization:

- Community Based Organization
- Child Welfare
- School/University
- State Agency
- Substance Abuse Treatment/Prevention
- Other: _____

9. Describe your ethnic background (check all that apply):

- African American/Black/of African descent
- Native American
- Asian American
- European American/White/Caucasian
- Latino American/Hispanic
- Other (specify): _____

10. How can we improve this training?
