

The questions are designed to help us improve the program you attended. The questionnaire is anonymous.

Program Name: _____ Code: ___ ___ Date ___ / ___ / ___ 3-digit Town Code ___ ___ ___

Place an "X" in the box under the statement that best expresses your level of agreement with each statement.

	Strongly agree =5	Agree =4	Neither agree nor disagree =3	Disagree =2	Strongly disagree= 1	Does not apply =0
Overall Value						
1. The program was a great experience.						
2. The program was better than expected.						
3. Compared to similar programs, this one is best.						
4. I trust the staff I know in the program.						
Outcomes						
5. I gained new skills and knowledge while in the program.						
6. I learned more about myself while in the program.						
7. I can use what I have learned in the program.						

Please use this space for any ideas you have that could improve the program.