

# Participant Workshop Survey *(Protecting God's Children® 4.0)*

We take your feedback seriously! Thank you for your time in attending this session.

Please complete this observation form to help us improve our sessions. Circle the answer that best applies:

**Session location:** \_\_\_\_\_ **Facilitator's name:** \_\_\_\_\_

**Volunteer / Employee title or ministry:** \_\_\_\_\_ **Session date:** \_\_\_\_\_

1. Was the subject content within the session generally what you expected? 

Yes	No
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2. If you selected No above, what would have been helpful to you in preparation for the session?  
\_\_\_\_\_

3. Did the presentation provide new content to you that you didn't know about previously? 

Yes	No
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4. Please indicate your level of understanding BEFORE the session:

	Very Low Knowledge	Low Knowledge	Somewhat Knowledgeable	Very Knowledgeable
a. My level of understanding of child sexual abuse	1	2	3	4
b. My level of understanding my role in protecting children	1	2	3	4
c. My level of understanding regarding my obligation to report	1	2	3	4
d. My level of understanding regarding how to report	1	2	3	4

5. Please indicate your level of understanding AFTER the session:

	Very Low Knowledge	Low Knowledge	Somewhat Knowledgeable	Very Knowledgeable
a. My level of understanding of child sexual abuse	1	2	3	4
b. My level of understanding my role in protecting children	1	2	3	4
c. My level of understanding regarding my obligation to report	1	2	3	4
d. My level of understanding regarding how to report	1	2	3	4

6. Did the handouts help you to better understand your role as a protector of children? 

Yes	No	Not applicable (did not receive any)
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7. Please indicate your overall satisfaction with the following aspects of the session:

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a. Ease of registration	1	2	3	4
b. Room	1	2	3	4

8. Please answer the following questions:

a. Was the facilitator knowledgeable about the subject matter?	Yes	No
b. Was the facilitator well organized / prepared?	Yes	No
c. Did the facilitator keep you engaged?	Yes	No
d. Was the facilitator professional?	Yes	No

9. Please answer the following questions:

	Not Likely	Somewhat Likely	Very Likely
a. How likely are you to share what you learned with others?	1	2	3
b. How likely are you to call child protective services in the event you suspect child abuse?	1	2	3

10. Is there anything else about the session you'd like us to know? *(Use the back of this page for more space)*