

## Next Steps NH Post-Training Evaluation Form

**Name of Training:** Promoting and Sustaining Family-School Partnerships

**Date of Event:** February 9, 2016

Please complete this short evaluation form. Your feedback is very important in helping to provide events that meet your needs. No individually identifiable information will be collected. All responses will be reported in the aggregate.

**Role:**

- |  |   |
|--|---|
| <input type="radio"/> Student                                | <input type="radio"/> Special Education Teacher         |
| <input type="radio"/> Individual with a Disability           | <input type="radio"/> Paraprofessional                  |
| <input type="radio"/> Parent /Guardian/Foster Parent         | <input type="radio"/> Transition Specialist             |
| <input type="radio"/> Community Member                       | <input type="radio"/> Special Education Case Manager    |
| <input type="radio"/> School Administrator                   | <input type="radio"/> Social Worker/Behavior Specialist |
| <input type="radio"/> District Administrator                 | <input type="radio"/> ELO Coordinator                   |
| <input type="radio"/> Guidance / Student Services Counselors | <input type="radio"/> Other (specify) _____             |
| <input type="radio"/> General Education Teacher              |   |

- 1. What are three roles that parents, regardless of their race/ethnicity, educational background, gender, disability or socioeconomic status, are prepared to engage in partnerships with school and districts.**

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- 2. The term Dual Capacity-Building refers to building the capacity of whom?**

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- 3. What are three of the “Four Cs” to capacity-building?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- 4. Process Conditions are key to the *design* of effective initiatives for building capacity in ways that support student achievement and school improvement. Which of the following are examples of process conditions? (check all that apply)**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Linked to learning | <input type="checkbox"/> School-based | <input type="checkbox"/> Interactive   |
| <input type="checkbox"/> Aligned to data    | <input type="checkbox"/> Relational   | <input type="checkbox"/> Parent driven |

- 5. How would you rate your level of knowledge of the Dual Capacity-Building Framework prior to the training?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Not<br>Knowledgeable | <input type="checkbox"/> Somewhat<br>Knowledgeable | <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Very<br>Knowledgeable |
|---|--|--|--|

- 6. How would you rate your level of knowledge of the Dual Capacity-Building Framework after the training?**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Not<br>Knowledgeable | <input type="checkbox"/> Somewhat<br>Knowledgeable | <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Very<br>Knowledgeable |
|---|--|--|--|

**7. Please check your response for this workshop. This workshop was:**

High Quality Yes\_\_\_ No\_\_\_ Relevant Yes\_\_\_ No\_\_\_ Useful Yes\_\_\_ No\_\_\_

**8. Please rate your level agreement with the following statements.**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
The training increased my confidence that the Next Steps NH Project will succeed in our school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Next Steps NH questions were answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Did you have any difficulty accessing the GoToMeeting?**

☐ Yes ☐ No If yes, please explain:

**10. Did the GoToMeeting method allow for the degree of participation you are used to in face-to-face meetings?**

☐ Yes ☐ No

**11. Did you have sufficient bandwidth to allow the GoToMeeting to work well on your computer?**

☐ Yes ☐ No

**12. Please rate your level agreement with the following statements.**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
<b>Foundations</b>					
A. The objectives and outcomes of the training were clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Training content was organized and clearly presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Applications</b>					
C. Included time to reflect on how to apply the training content to your life and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Provided opportunities for you to interact with others related to the workshop topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluation</b>					
E. Included opportunities to ask questions and personal viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mastery</b>					
F. The workshop included time to plan follow-up activities for me to apply with my new knowledge and/or skill(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. What additional questions or concerns about the Dual Capacity-Building Framework do you have?**

*Comment:*

**14. What did you find to be the most/least helpful part of the training?**

*Most Helpful*

*Least helpful*

**15. What is one way that you will use the information that you learned today?**

*Comment:*

**Ethnicity:**

- ☐ African American
- ☐ Asian
- ☐ Caucasian
- ☐ Hispanic
- ☐ Mixed Race
- ☐ Native American
- ☐ Pacific Islander
- ☐ Unknown
- ☐ Other (specify \_\_\_\_\_)

**Disability:**

- ☐ ADD/ADHD
- ☐ Autism/Spectrum
- ☐ Developmental Delay
- ☐ Deaf/Blind
- ☐ Emotional/Behavioral Disability
- ☐ Other Health Impairment
- ☐ Learning Disability
- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Neurological or Orthopedic
- ☐ Speech/Language
- ☐ Traumatic/Brain Injury
- ☐ Other (specify \_\_\_\_\_)

***Thank you for your time and effort!***

***The Parent Information Center (PIC) periodically contacts a random follow-up sampling of people who attend workshop sessions to get feedback on how this workshop has helped. Please provide the following information if you agree to be contacted in the future and or added to the PIC email list:***

***Name:*** \_\_\_\_\_ ***Telephone:*** \_\_\_\_\_

***Email:*** \_\_\_\_\_