



Program Name:	CRS Staff:
Date:	Location:
Your organization:	

We greatly appreciate receiving your feedback, and we will use your responses to help improve the program.

Please rate how strongly you agree or disagree with each of the following statements by circling the corresponding number.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I understood the goals and expected outcomes for the program.	1	2	3	4	5
2. The program created a safe environment that made it more comfortable for me to share my personal experiences, views, and opinions.	1	2	3	4	5
3. The facilitator(s) effectively managed the process, promoted productive dialogue, and handled any tensions that arose.	1	2	3	4	5
4. I gained a greater understanding of people with different personal experiences, views, or opinions.	1	2	3	4	5
5. Participation helped to identify the issues that are important for the community to address.	1	2	3	4	5
6. Participation helped to develop and prioritize solutions to address important issues in the community. (If applicable)	1	2	3	4	5
7. I feel motivated to stay engaged in addressing important community issues.	1	2	3	4	5
8. The program was a worthwhile use of my time.	1	2	3	4	5

For the following questions, please write your comments in print and as legibly as possible.

9. Which aspects of the program (e.g., activities, discussions) were valuable?

10. How do you plan to implement what you learned during the program?

11. What could improve the program? Please be specific.

12. Do you have additional comments that you would like to share?

Thank you for your feedback!