Program evaluation survey

Your answers help us improve this program for the next group. No name needed, and there are no wrong answers.

Program name _____ Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

	STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
1	The program delivered what it promised when I signed up.	1	2	3	4	5
2	What I learned is useful in my work or daily life.	1	2	3	4	5
3	The program was well organised from start to finish.	1	2	3	4	5
4	The facilitators explained things clearly.	1	2	3	4	5
5	I had enough chances to practise or ask questions.	1	2	3	4	5
6	I feel able to use what I learned without help.	1	2	3	4	5
7	I plan to use something from the program in the next month.	1	2	3	4	5
8	The time I gave to this program was worth it.	1	2	3	4	5

9 How much of the program did you attend?

☐ All of it ☐ Most of it ☐ About half ☐ Under half

10 How likely are you to recommend this program to someone in your situation?

Not at all likely 0 1 2 3 4 5 6 7 8 9 10 Extremely likely

11 What was the most valuable part of the program for you?

12 What should we change before the next group starts?

Thank you. Your answers are anonymous.

Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Delivery and experience

13 The length of the program was:

☐ Too short ☐ A bit short ☐ About right ☐ A bit long ☐ Too long

14 The level of the content was:

☐ Too basic ☐ A bit basic ☐ About right ☐ A bit advanced ☐ Too advanced

STATEMENT	VERY POOR				EXCELLENT
15 How would you rate the handouts and slides?	1	2	3	4	5

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
16 The time, place or format made it easy to take part.	1	2	3	4	5
17 I felt comfortable sharing my ideas in the group.	1	2	3	4	5
18 Program staff answered my questions quickly.	1	2	3	4	5

19 Which topic did you expect but not get?

Reach and access

20 How did you first hear about the program?

☐ Friend or family ☐ Employer or school ☐ Another service ☐ Social media ☐ Flyer or poster

21 What was your main reason for joining?

☐ To learn a skill ☐ For my job ☐ Someone referred me ☐ To meet people ☐ Something else

22 What nearly stopped you from taking part? (tick all that apply)

☐ Cost ☐ Time ☐ Travel ☐ Caring duties ☐ Unsure it was for me ☐ Nothing

Then and now (before-and-after in one sitting)

STATEMENT	NOT AT ALL CONFIDENT				EXTREMELY CONFIDENT
23 Thinking back to before the program, how confident were you in the skills it covers?	1	2	3	4	5

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Then and now (before-and-after in one sitting) (continued)

STATEMENT	NOT AT ALL CONFIDENT				EXTREMELY CONFIDENT
24 Today, how confident are you in the skills the program covers?	1	2	3	4	5

25 Thinking back to before the program, how much did you know about its topic?

☐ Very little ☐ A little ☐ Some ☐ A lot ☐ A great deal

26 How much do you know about the topic today?

☐ Very little ☐ A little ☐ Some ☐ A lot ☐ A great deal

Follow-up, a few weeks later

27 Since the program ended, how often have you used what you learned?

☐ Not yet ☐ Once or twice ☐ About weekly ☐ Several times a week ☐ Every day

28 What has changed for you since the program? (tick all that apply)

☐ I do a task differently ☐ I feel more confident ☐ I taught someone else ☐ I reached a goal

☐ I made useful contacts ☐ Nothing yet

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
29 The program has made a real difference to my work or life.	1	2	3	4	5

30 What has made it hard to use what you learned? (tick all that apply)

☐ No time ☐ No chance to use it ☐ No support around me ☐ Forgot parts of it ☐ Nothing has

31 What would help you keep using what you learned?

☐ A refresher session ☐ Notes or videos ☐ A mentor or buddy ☐ A peer group ☐ Nothing more

32 Describe one thing you now do differently because of the program.

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

About you (optional)

33 What is your age group?

- [ ] Under 18
- [ ] 18 to 24
- [ ] 25 to 44
- [ ] 45 to 64
- [ ] 65 or older

34 How did you take part?

- [ ] In person
- [ ] Online
- [ ] A mix of both

35 Have you taken part in one of our programs before?

- [ ] No, this is my first
- [ ] Yes, once before
- [ ] Yes, several times

Thank you. Your answers are anonymous.