POST-WORKSHOP PARTICIPANT EVALUATION SURVEY

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| Location of workshop:      | Date:      |
| Feedback on the workshop will be used to inform the delivery and ongoing implementation of the workshop, promotion of the workshop, and future resource development.The information you provide will be seen by the workshop trainers and the workshop organiser only. All responses will remain confidential. |

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| Please provide information about your experience of the workshop |
| On a scale of 1-5, please rate your level of agreement with the following statements: |
| I was satisfied with the *Essential Youth Healthcare Skills* workshop | 1Strongly disagree | 2Disagree | 3Disagree | 4Agree | 5Strongly agree |
|  |  |  |  |  |
| Please comment:      |
| I was satisfied with how the workshop was facilitated | 1Strongly disagree | 2Disagree | 3Disagree | 4Agree | 5Strongly agree |
|  |  |  |  |  |
| Please comment:      |
| The content of the workshop was relevant to my work | 1Strongly disagree | 2Disagree | 3Disagree | 4Agree | 5Strongly agree |
|  |  |  |  |  |
| Any comment:      |
| The workshop was well organised | 1Strongly disagree | 2Disagree | 3Disagree | 4Agree | 5Strongly agree |
|  |  |  |  |  |
| Any comment:      |
| My interest in youth health has increased | 1Strongly disagree | 2Disagree | 3Disagree | 4Agree | 5Strongly agree |
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| What do you think could be improved about the workshop? |
| Please describe:      |
| What do you think were the strengths of the workshop? |
| Please describe:      |

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| Please answer the following questions about your confidence in relation to working with young people |
| On a scale of 1-5, please rate your general confidence in working young people. | 1Not at all confident | 2Somewhat confident | 3Neutral | 4Confident | 5Extremely confident |
|  |  |  |  |  |
| Please comment:      |
| Do you think your level of confidence in working with young people has been enhanced as a result of participating in the *Essential Youth Healthcare Skills* workshop? |  | No |
|  | Yes |
| Please comment:      |

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| --- | --- | --- | --- | --- | --- |
| On a scale of 1-5, please rate your competency[[1]](#footnote-1) in relation to the following course objectives: | Low competence1 | 2 | 3 | 4 | High competence5 |
| Engaging and communicating effectively with young people |  |  |  |  |  |
| Conducting a HEEADSSS psychosocial risk assessment |  |  |  |  |  |
| Understanding young people’s development and health needs |  |  |  |  |  |
| Identifying and removing barriers to young people accessing healthcare |  |  |  |  |  |

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| Please list up to three things you intend to do differently as a result of participating in the workshop |
| 1.
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| 1.
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| 1.
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### SURVEY END

Thanks for your participation in this survey

1. for the purposes of the evaluation, competency includes knowledge, awareness, attitudes and skills; in line with the Youth Health Competency Framework [↑](#footnote-ref-1)