## **Participant Workshop Survey** (Protecting God's Children<sup>®</sup> 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:			Facilitato	acilitator's name:						
Vo	Volunteer / Employee title or ministry: Session date:									
1.	Was the subject content within the session generally what you ex		expected?	:ted?		Ye	25	No		
2.	If you selected No abo	ve, what would have been helpful to yo	ou in preparat	ion for th	ne sessior	1?				
3.	Did the presentation provide new content to you that you didn't know about previously?						Yes N			
4.	Please indicate your lev	el of understanding BEFORE the sessio		y Low vledge	Low Knowledge	Somewhat Knowledgeab	le	Very Knowledgeable		
	a. My level of understan	ding of child sexual abuse		1	2	3		4		
	b. My level of understan	ding my role in protecting children		1	2	3		4		
	c. My level of understan	ding regarding my obligation to report		1	2	3		4		
	d. My level of understan	ding regarding how to report		1	2	3		4		
5.	Please indicate your level of understanding AFTER the session:			y Low vledge	Low Knowledge	Somewhat Knowledgeab	le	Very Knowledgeable		
	a. My level of understan		1	2	3		4			
	b. My level of understan		1	2	3		4			
	c. My level of understan		1	2	3		4			
	d. My level of understan	ding regarding how to report		1	2	3		4		
			I							
6.	Did the handouts help	you to better understand your role as a	protector of o	hildren?	Yes	No	No Not applicable (did not receive any)			
7.	Please indicate your ove	erall satisfaction with the following asp	ects of the se	sion:						
			Very Dissatisfied	issatisfied Dissatisfied Satisfied Very Satisfied			ery Satisfied			
		a. Ease of registration	1		2	3		4		

8. Please answer the following questions:

b. Room

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	

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9.	Please answer the following questions:		Somewhat Likely	Very Likely
	a. How likely are you to share what you learned with others?		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)