## Youth Change's Consumer Satisfaction Survey

*We work hard to give you the nation's best youth training experience. We strive to have our sessions and materials always be top quality, affordable, and to meet your needs as completely as possible. Please tell us how we're doing. Thanks!*

**Training Session:** Breakthrough Strategies **Your Position:** Spec. Ed teacher **Date:** Oct. 8, 9
**Your Name (Optional):** _____ **Agency/School:** _____

1. Overall, I feel this workshop was: Not Beneficial Very Beneficial
   1 2 3 4 5 6 7 8 9 (10)

2. The features of this workshop that I would keep are: all

3. The features of this workshop that I would change are: _____

4. I heard about this training from: ☐ Workshop Flyer ☐ State Dept. of Ed newsletter ☐ The Internet ☐ School District Newsletter ☐ Past Workshop Participant ☐ Other word of mouth

5. I most often find out about workshops from: ☑ Workshop Flyer ☐ State Dept. of Ed newsletter ☐ The Internet ☑ School District Newsletter ☐ Past Workshop Participant ☐ Other _____

6. How was the price you paid to attend? ok How were the prices for books and tapes? ok Do these prices fit your budget? yes What type of resources do you wish had been available? _____

7. Would you refer a colleague to this course? yes We'll send you any one of our books FREE for each new, paid registration you refer to us so long as the person provides your name, full address and book choice at the time they first register, not later. This is a good way to get lots of our books when you have no money!

8. How many workshops do you attend each year? 2-3 What days, times and locations do you prefer?
   _____

9. Is there any type of clock hours or other accreditation you wish we had offered? it was

10. If you have a strong interest in bringing our workshop to your site, we'll send you an information packet and an invitation for your administrator or their designee to attend any future session *free* if they wish to evaluate the workshop for a possible on-site presentation. Please note that we send the packet to *you* (not your boss, inservice director, etc.), so tell us *your* name, agency/school name, address and phone number. Because on-site dates can be in short supply, we always call to follow-up with you two weeks after you receive your packet so please be sure to include your phone number and good times to reach you:
    _____
    _____

11. General Comments: I loved this class!!!
    _____

Youth Change occasionally uses evaluation comments to publicize this workshop. If you are willing to allow us to print your name, affiliation and some/all of your comments, please sign below:

Signature Sandy Simms Print Name Sandy Simms