

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: _____ Your Position: 6th grade teacher Date: 10/9/09
Your Name (Optional): Megan Cleary Agency/School: Valley Catholic Elementary

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: I very much enjoyed it I had just heard of some before

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

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 people

6. How was the price you paid to attend? good How were the prices for books and tapes? great 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? 3 or more What days, times and locations do you prefer?
days or week nights

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

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:

Megan Cleary Valley Catholic Elementary
4440 SW 148th Ave Beaverton, OR 97007

11. General Comments: Thanks!!

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 Megan Cleary Print Name Megan Cleary