

Getting and Keeping the First Job Evaluation

FAST Workshop

We'd appreciate your feedback on this workshop.

1. Are you a: (Please check all that apply)

- Parent Surrogate / Foster parent Grandparent Other relative/guardian Regular educator
 Special educator Professional Student Administrator Other (please specify) _____

2. What is your child/young adult's age? _____

3. Does your child/young adult have a disability? Yes (please answer #4) No (skip to #5)

4. What is your child/young adult's primary disability? (Check one)

- ADD-ADHD Mental Illness Specific Learning Disability
 Autism Developmental Cognitive Disabilities Speech/Language Impairment
 Deaf-Blindness Multiple Disabilities Traumatic Brain Injury
 Deaf-Hearing Impairment Orthopedic Impairment-physical Visual Impairment including Blindness
 Developmental Delay (Early Childhood) Other Health Impairment Suspected Disability _____
 Emotional Disturbance

5. On the whole, how would you rate this workshop?

- Excellent Very good Good Fair Poor

6. Have you learned anything new at this workshop? Yes No

I found these topics most worthwhile: _____

7. Has this workshop helped you learn to communicate more effectively with your child? Yes No

8. Will the workshop information help you become more knowledgeable about how to work with your child? Yes No

9. Were the materials received at this workshop of high quality? Yes No

10. What suggestions do you have for improving this workshop? _____

11. Other comments _____

