Today's date: _____ **Location of Workshop:** _____

Working for Change: The Power of a Personal Story 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 how to become a better systems change advocate for children with disabilities?** ❑ Yes ❑ No

8. **Has the workshop information helped you learn how to tell your personal story?** ❑ 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** _____

    _____

    _____

© 2010 PACER Center | 8161 Normandale Blvd. | Minneapolis, MN 55437-1044
(952) 838-9000 VOICE | (952) 838-0190 TTY | (800) 537-2237 TOLL-FREE IN MINNESOTA
(952) 838-0199 FAX | PACER@PACER.org | www.PACER.org