

## ***Strategies for Success Workshop Post-Evaluation***

Thank you for participating in this workshop. Your thoughts are important to us and will help us make this workshop better. Please answer the questions below.

You do not have to tell us your name. But, in order to help us keep track of before and after responses, please write your middle initial, the name of the first street you lived on, and your favorite number here: \_\_\_\_\_.

**1. How many jobs or careers did you learn about during the workshop? (check one)**

\_\_\_\_\_0      \_\_\_\_\_1-5      \_\_\_\_\_6-10      \_\_\_\_\_more than 10

**2. How many jobs or careers did you find that you had never heard of before? (check one)**

\_\_\_\_\_0      \_\_\_\_\_1-5      \_\_\_\_\_6-10      \_\_\_\_\_more than 10

**3. Did you choose a career goal as a result of this workshop?**

**If not, why?**

**4. Do you feel more prepared to pick a college major or concentration after attending this workshop?**

**If yes,** what have you learned that makes you feel ready to pick a college major or concentration? What concentration will you chose?

**If no,** what else do you feel you need to know to pick a college major or concentration?

**Please continue on the back of the page**

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Date Completed:

Location:

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7. What have you learned in the workshop? Please write a check mark next to all the answers that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> The kind of education or training I need. | <input type="checkbox"/> The salary I need.                  |
| <input type="checkbox"/> About careers that I am interested in.    | <input type="checkbox"/> About what some jobs pay.           |
| <input type="checkbox"/> What a starter job is.                    | <input type="checkbox"/> Where I can look for a starter job. |
| <input type="checkbox"/> The skills I need to improve.             | <input type="checkbox"/> How to research a career            |
| <input type="checkbox"/> Other. Please explain in the space below: |  |

8. Have your plans changed because of what you learned in the workshop? Please write a check mark next to all the answers that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> I have a new career goal.  | <input type="checkbox"/> I am planning to go to school.  |
| <input type="checkbox"/> I am planning to apply for financial aid.                                | <input type="checkbox"/> I am planning to get a new job. |
| <input type="checkbox"/> I am planning to do things differently in my current job or my next job. |  |
| <input type="checkbox"/> Other (please tell us in the space below):                               |  |

Please check each box that describes you. You may check more than one.

- I am studying to get my GED
  - I am studying ESL
  - I am studying in adult education
  - I have completed my GED and want to go to college
  - I have completed adult education and want to go to college
  - I have completed ESL and want to go to college
  - I am will be attending college next semester
  - I have registered for college but I'm not sure what I want to study
  - I took this workshop as part of a college developmental course
  - I took this workshop as part of a college general education course
  - Other. Please describe.
-

## ***Strategies for Success Workshop Post-Evaluation***

**Please fill out the following demographic information.**

Gender (Circle one): M      F                      Birth Year: \_\_\_\_\_

**Please check the box closest to your annual salary range.**

- \$0-15,000
- \$15,100-25,000
- \$25,100-35,000
- \$35,100-45,000
- more than \$45,000

**How would you describe yourself? You may check more than one.**

- African-American/Black
- Asian
- Caucasian/White
- Latino/Hispanic
- Native American
- Pacific Islander
- Other. Please describe. \_\_\_\_\_

**The curriculum for this class has been provided free of charge by a non-profit called Women Employed. Would you be willing to share your experience in this class? If so, please write your name and contact information and someone from Women Employed will contact you.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_