

**Improving Safety Conditions for All Special Education Personnel
Through Collaborative Safety Protocol Training**

Workshop Evaluation Form (Formative)

Please note that your responses may be used for our research purposes.

If you have questions about this research, please contact Dr. Laura Feuerborn, feuerl@uw.edu

Circle Your Location: Marysville ESD 113 **Circle Your role:** Paraeducator Special Educator

Date: _____ **Your code (e.g., F5656):** _____

1. * To what extent do you feel this workshop was relevant to you (as compared to other trainings you have received)?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 - Completely
2. * To what extent did this workshop provide you with helpful ideas you can immediately apply to your job?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 - Completely
3. * Do you feel that your time in this workshop was well spent?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 - Completely
4. * Do you feel that the goals and objectives of this workshop were accomplished?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 - Completely
5. * To what extent do you feel that this workshop could reduce your risk of injury due to student behavior?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 – Completely

6. * Did this workshop increase your confidence in managing student behavior?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 - Completely
7. * How would you rate the overall effectiveness of the instructors—preparation, style, methods, rapport?
☐ 1 – Not at all *
☐ 2 *
☐ 3 *
☐ 4 *
☐ 5 - Completely
8. * What did you find *most* helpful about this workshop? Please explain.
9. What new practices will you apply in the coming months as a result of participating in this workshop?
10. What suggestions do you have for improving future workshops? *

We value your feedback. Thank you for your participation! #

