

Healthy Communities Workshop: Evaluation Form 1

To be added to the evaluation form of workshop A, B, C or D.

1. Here is a list of topics covered in the workshop. Please rate your feelings about workshop activities by circling the appropriate number, where 1 means useful, 2 means not useful and 3 means not covered

	Useful	Not useful	Not covered
Healthy Food and Drink Choices at School	1	2	3
Increasing healthy food choices in the community	1	2	3
Increasing physical activity options	1	2	3
Finding others	1	2	3
Choosing a vision, mission, objectives and strategies	1	2	3

2. What else, if anything, would you like to have seen covered in the workshop?

3. Do you intend to encourage healthier food and/or physical activity options at your child's school or in the wider community? Yes No

3a. If yes, what healthier options will you encourage?

3b. If no, why won't you encourage healthier food and physical activity options?

4. Would you be interested in forming a Parent Action Group? Yes No

5. If you are interested in being contacted about your involvement in the Parent Workshop or a Parent Action Group please complete the following:

Name: _____

Telephone number: _____

Email: _____

Please add any other comments: _____

THANK YOU FOR YOUR TIME AND PARTICIPATION.

Healthy Communities Workshop: Evaluation Form 2

Date: _____
 Presenter: _____
 Location: _____

Please tell us what you think about this workshop by circling the numbers or by writing your answers in the spaces provided.

1. What was your main reason for coming to this workshop?

2. Where did you hear about this workshop? (Circle all that apply to you)

- | | |
|-------------------------------|---|
| Child's school teacher | 1 |
| Community nurse | 2 |
| Dietitian | 3 |
| Friends/relatives | 4 |
| Spouse/partner | 5 |
| Newspaper | 6 |
| Attended another PGR workshop | 7 |
| Other (please specify) _____ | |

3. Here are a number of statements about the workshop. On a scale of 1 to 5, where 1 means strongly agree and 5 means strongly disagree, please rate your feelings about the workshop by circling the appropriate number.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information was easy to understand	1	2	3	4	5
The workshop was well organised	1	2	3	4	5
The presenter/s were well informed	1	2	3	4	5
I will try to incorporate the new things I learnt today	1	2	3	4	5
Overall, I enjoyed the workshop	1	2	3	4	5

4. Here is a list of topics covered in the workshop. Please rate your feelings about workshop activities by circling the appropriate number, where 1 means useful, 2 means not useful and 3 means not covered

	Useful	Not useful	Not covered
Healthy Food and Drink Choices at School	1	2	3
Increasing healthy food choices in the community	1	2	3
Increasing physical activity options	1	2	3
Finding others	1	2	3
Choosing a vision, mission, objectives and strategies	1	2	3

5. What else, if anything, would you like to have seen covered in the workshop?

6. Do you intend to encourage healthier food and/or physical activity options at your child's school or in the wider community? Yes No

6a. If yes, what healthier options will you encourage?

6b. If no, why won't you encourage healthier food and physical activity options?

7. Would you be interested in forming a Parent Action Group? Yes No

8. How many children do you have and what are their ages?

Number _____ Ages _____

9. If you are interested in being contacted about your involvement in the Parent Workshop or a Parent Action Group please complete the following:

Name: _____

Telephone number: _____

Email: _____

Please add any other comments

THANK YOU FOR YOUR TIME AND PARTICIPATION.