**Psychosocial Support & Well-being ½-Day Training Evaluation**

Your feedback is critical for us to ensure we are meeting your educational needs. We would appreciate it if you could take a few minutes to share your opinions with us. Thank you.

# WORKSHOP CONTENT

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| **1.** | Which session(s) of the training workshop did you find **most** useful? (Check all that apply). | ☐ Psychosocial & Well-being Support  ☐ Supporting Teacher Well-being  ☐ Supporting Learner Well-being  ☐ None of the modules were useful |
| 2. | Which module(s) did you find the **least** useful? (Check all that apply). | ☐ Psychosocial & Well-being Support  ☐ Supporting Teacher Well-being  ☐ Supporting Learner Well-being  ☐ All of the modules were useful |
| 3. | The psychosocial support approaches suggested in the training are realistic for me to use in my classroom and school. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |
| 4. | The content of the training workshop was easy to understand and used clear vocabulary. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |

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# workshop design

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| 1. | The learning objectives of this training workshop were clearly explained. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |
| 2. | The pace of this training workshop was appropriate. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |
| 3. | The training workshop provided enough practice time for me to become comfortable with the strategies. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |
| 4. | The modules were presented in an appropriate order.  1) Psychosocial & Well-being Support  2) Supporting Teacher Well-being  3) Supporting Learner Well-being | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |

# WORKSHOP FACILITATION

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| 1. | The training workshop was engaging and motivating. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |
| 2. | The facilitators communicated effectively with participants throughout the training workshop. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |
| 3. | The facilitators made me feel comfortable to ask questions and share my thoughts and opinions. | ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree |

**Please answer the following short answer questions to the best of your ability.**

**1.** Which activity from the training is most likely to change the way you support your well-being? Why?

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**2.** Which activity from the training is most likely to change the way you support your learners’ well-being? Why?

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**3.** Are there any topics or strategies that you would like additional training on?

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.** Are there any topics that were not covered in this training that you would like to be trained on in the future?

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**5.** Please feel free to add other comments that will be helpful for future trainings.

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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