

# Problem Solving Survey after the workshop



Date: \_\_\_\_\_ Organization: \_\_\_\_\_

Province or Territory: \_\_\_\_\_

Help us make our program better. Your answers on this survey will help us understand where we're making a difference and how we can do better. Answer only the questions you're comfortable with. We'll keep your answers private.

Name or nickname: \_\_\_\_\_

1. Circle a number to show how much you agree with the following statements:

Completely Disagree ←————→ Completely Agree

a. I am confident at work	1	2	3	4	5
b. I feel comfortable asking for help if I have a question or problem at work	1	2	3	4	5
c. I'm interested in learning more about improving my skills at work	1	2	3	4	5
d. I have a plan to improve my skills at work	1	2	3	4	5



2. Circle a number to show how much you agree with the following statements:

Because of this workshop...	Completely <b>Disagree</b>	←————→			Completely <b>Agree</b>
a. I learned new strategies for problem solving	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
b. I have a plan to work on my problem solving skills	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
c. I feel more confident about problem solving	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
d. I believe that people shouldn't be embarrassed or ashamed if they struggle with problem solving	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
e. I believe that I will become better at solving problems	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

3. What are the top 3 things you learned in this workshop?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. What could be improved about this workshop?

\_\_\_\_\_

\_\_\_\_\_

**Do you live in Newfoundland and Labrador?**

In a few months, ABC would like to send you another survey to see what parts of the workshop really stick with you. If you want to get another survey in a few months, write your email below. As a thank you for doing the second survey, you will be entered in a draw to win a \$50 grocery gift card.

My email address: \_\_\_\_\_

