

Time Management 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 Disagree \longleftrightarrow Completely Agree

a. I learned new strategies to manage my time	1	2	3	4	5
b. I have a plan to work on my time management skills	1	2	3	4	5
c. I feel more confident that I can manage my time at work	1	2	3	4	5
d. I believe that people shouldn't be embarrassed or ashamed if they struggle with managing their time	1	2	3	4	5
e. I believe that I will be better at managing my time	1	2	3	4	5

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: _____

