



**Photovoice Workshop  
Follow-Up Evaluation  
Office of Diversity and Equity**





All of this information is completely **confidential** and is used to understand the impact of the storytelling program.

Date: \_\_\_\_\_ For administrative use: CID \_\_\_\_\_

Thank you for filling out this evaluation. Please take your time when responding to the questions. Your feedback will help us understand better ways to serve the community. Please circle one number for each question below and only answer questions that apply to you.

**1. How much do you agree or disagree with these statements (circle one number for each):**

									
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>				
<i>I am more likely to share my lived experience with people in my community a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I have created change in my community with my story as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I attempted to use the services that I learned about in a storytelling workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I feel heard by the County of San Mateo.</i>	9	8	7	6	5	4	3	2	1
<i>Compared to before the storytelling workshop, I have a more positive relationship with the County of San Mateo.</i>	9	8	7	6	5	4	3	2	1

2. I shared my story with people in my community (friends, family, and/or colleagues).

Yes

No

3. How has storytelling (Photovoice/Digital Storytelling) made an impact on your life?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What can we do to support you, moving forward?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I can read and understand English and understand every question and instruction on this evaluation form.

At my request, a preparer helped me complete this evaluation. The name of the preparer who helped me is: \_\_\_\_\_