



**Photovoice Workshop
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: Personal Community

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):

									
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
<i>I am glad I participated in this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I participated in this workshop to the best of my ability.</i>	9	8	7	6	5	4	3	2	1
<i>My attitudes about behavioral health (mental health and/or substance use) were positively affected as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>The leader effectively supported me throughout this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>This workshop was sensitive to my cultural background.</i>	9	8	7	6	5	4	3	2	1
<i>The goals of this workshop were clear.</i>	9	8	7	6	5	4	3	2	1
<i>The goals of this workshop were met.</i>	9	8	7	6	5	4	3	2	1

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

									
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
<i>I feel that my Photovoice helps me express something I cannot express in other ways.</i>	9	8	7	6	5	4	3	2	1
<i>I think more positively about challenges in my life as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I will share my Photovoice with people in my community (friends, family, and/or colleagues).</i>	9	8	7	6	5	4	3	2	1
<i>I am more likely to share my lived experience with people in my community as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I learned something new about art and imagery as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I learned something new about storytelling and scripting as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1
<i>I learned how to create change in my community with my story as a result of this workshop.</i>	9	8	7	6	5	4	3	2	1

 **Please TURN OVER and complete BOTH SIDES of this survey** 



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3. How has this program changed the way you view your story?

4. How would you rate the facilitation of this workshop? Please provide any feedback.

5. As a result of this workshop, I learned about the following services. (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cultural/Non-traditional Care | <input type="checkbox"/> LGBTQ+ Community Spaces |
| <input type="checkbox"/> Emergency/Protective Service | <input type="checkbox"/> Mental Health/Counseling services |
| <input type="checkbox"/> Employment and/or Job Training | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Food | <input type="checkbox"/> Parenting Resources and Classes |
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Substance Use Counseling |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Immigration Services and Information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Legal or Mediation Services | |
| <input type="checkbox"/> LGBTQ+ Healthcare Services | |

6. I plan to use the services that I learned about in this workshop if needed.

- Yes No Not applicable

7. Do you know anyone you would like to refer to participate in a Storytelling workshop?

Name: _____ Contact information: _____

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: _____