



## Workshop Evaluation

Thank you for your participation in this workshop! Please provide your feedback about the program by completing the following questions.

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### DEMOGRAPHIC INFORMATION

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What month is your baby due? \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

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### ABOUT THE WORKSHOP

#### 1. Where did you attend the workshop?

*(For example, Name of Library, Community Partner, etc.)*



**2. I learned something by participating in this workshop.**

*(Please rate your agreement with this statement, with 5 being the highest value.)*

- |   |                                      |                                     |                                   |  |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1. Strongly Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Neutral | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly Agree |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|

**3. Please rate your knowledge in each of the following areas BEFORE and AFTER this workshop.**

- |                              |                            |                            |                        |                             |
|------------------------------|----------------------------|----------------------------|------------------------|-----------------------------|
| 1 - Not knowledgeable at all | 2 - Not very knowledgeable | 3 - Somewhat knowledgeable | 4 - Very knowledgeable | 5 - Extremely knowledgeable |
|------------------------------|----------------------------|----------------------------|------------------------|-----------------------------|

AREA: Baby's brain development

|                 |                          |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE WORKSHOP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER WORKSHOP  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AREA: The value of reading aloud and singing to my baby before birth

|        |                          |                          |                          |                          |                          |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AREA: How reading (book sharing), singing, talking and playing with my baby daily will help my baby's brain develop

|        |                          |                          |                          |                          |                          |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**4. I feel more confident about what I just learned.**

*(Please rate your agreement with this statement, with 5 being the highest value.)*

|   |                                      |                                     |                                   |  |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1. Strongly Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Neutral | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly Agree |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|

**5. Please rate your confidence in each of the following areas BEFORE and AFTER this workshop.**

1 - Not confident at all      2 - Not very confident      3 - Somewhat confident      4 - Very confident      5 - Extremely confident

STATEMENT: The ability to support my baby's brain development

|                 |                          |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE WORKSHOP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER WORKSHOP  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STATEMENT: How to read aloud and sing to my baby before birth.

|        |                          |                          |                          |                          |                          |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STATEMENT: How to read (share books) with my baby after birth to support early literacy development

|        |                          |                          |                          |                          |                          |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STATEMENT: How to sing, talk, and play with my baby after birth to support early literacy development

|        |                          |                          |                          |                          |                          |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| BEFORE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFTER  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**6. I plan to apply what I just learned.**

*(Please rate your agreement with this statement, with 5 being the highest value.)*

- |   |                                      |                                     |                                   |  |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1. Strongly Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Neutral | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly Agree |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|

**7. Please describe one or more ideas you will use from this workshop.**

**8. I plan to make use of more library programs and materials with my baby in the years ahead.**

*(Please rate your agreement with this statement, with 5 being the highest value.)*

- |   |                                      |                                     |                                   |  |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1. Strongly Disagree | <input type="checkbox"/> 2. Disagree | <input type="checkbox"/> 3. Neutral | <input type="checkbox"/> 4. Agree | <input type="checkbox"/> 5. Strongly Agree |
|---|--------------------------------------|-------------------------------------|-----------------------------------|--|

**9. Did another adult attend with you today? If yes, please tell us who in the comment box below (for example, husband, partner, etc.).**

- Yes  No

**10. Do you have any additional feedback or questions?**