



Workshop Evaluation

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

DEMOGRAPHIC INFORMATION

Your Name _____

Email _____

Phone Number _____

What month is your baby due?

Date of Workshop

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.)

☐ 1. Strongly
Disagree

☐ 2. Disagree

☐ 3. Neutral

☐ 4. Agree

☐ 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

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☐
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☐
☐

AFTER
WORKSHOP

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

BEFORE

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☐
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AFTER

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

BEFORE

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AFTER

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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
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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

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AFTER
WORKSHOP

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

BEFORE

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AFTER

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

BEFORE

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AFTER

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

BEFORE

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AFTER

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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?