WORKSHOP EVALUATION

Don't Waste It!

Thank you for participating in a Don't Waste It! workshop.
Your responses are appreciated and will be used to help improve this program.

	Poor		OK		Excellent
How do you rate this workshop?	★	★★	★★★	★★★★	★★★★★

Why did you give it that rating? How can we make this workshop better?

How do you rate the instructor?	★	★★	★★★	★★★★	★★★★★

Any feedback for the instructor?

How accessible was this workshop?	★	★★	★★★	★★★★	★★★★★

Why did you give it that rating? Could we have improved your experience by providing any accommodations or modifications?

How strongly do you disagree or agree with the following? Circle one for each.

	Strongly Disagree			**Unsure**			**Strongly Agree**	
I will recommend this workshop to colleagues or other professionals.	1	2	3	4	5	6	7	NA
Within the next 6 months, I intend to share content and/or activities I learned with my students.	1	2	3	4	5	6	7	NA
Within the next 6 months, I intend to learn more about the topics covered in this workshop.	1	2	3	4	5	6	7	NA

How would you rank the following? Circle one for each.

	Very Low						**Very High**	
My knowledge of municipal solid waste, landfills, MRF, recycling, and composting **before** this workshop.	1	2	3	4	5	6	7	NA
My knowledge of municipal solid waste, landfills, MRF, recycling, and composting **after** this workshop.	1	2	3	4	5	6	7	NA
My confidence in teaching about these topics **before** this workshop.	1	2	3	4	5	6	7	NA
My confidence in teaching about these topics **after** this workshop.	1	2	3	4	5	6	7	NA

TURN OVER -

Any other comments or feedback you have?

What is your current profession? Check all that apply.

❑ PreK-12 Teacher ❑ College/University Instructor ❑ Conservation/Nat. Res. Professional
❑ Preservice Teacher ❑ Resource Developer ❑ Other _____
❑ Non-Formal Educator ❑ Program Director

Number of students/participants you typically teach/reach per year:
About _____ ❑ NA

The students/participants you primarily work with come from: Check one.

❑ Urban ❑ Suburban ❑ Rural ❑ Tribal ❑ Mix of Areas

OPTIONAL DEMOGRAPHICS*:*

We collect this data as a progress marker to assess the diversity of our program's participants. Please contribute to as many of these categories as you feel comfortable. Answers will be kept anonymous.

Race/Ethnicity: Check all that apply.

❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American
❑ Hispanic or Latino ❑ Native Hawaiian or Other Pacific Islander ❑ White or Caucasian
❑ Middle Eastern ❑ Biracial ❑ Another:

Age:

⬜ Under 20 ⬜ 20-29 ⬜ 30-39 ⬜ 40-49 ⬜ 50-59 ⬜ 60+

Gender Identity:

⬜ Woman ⬜ Man ⬜ Nonbinary ⬜ Transgender ⬜ Gender Diverse
⬜ Another:_____

Do you identify as a person with a disability? ⬜ Yes ⬜ No

Languages spoken at home and/or at work:

⬜ English ⬜ Spanish ⬜ Another:

THANK YOU!