

# Gay Alliance Training Evaluation



Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

## Please Rate this Training

	1=Poor	2-Fair	3=Good	4-Very Good	5=Excellent
Knowledge of Presenters					
Usefulness of Information					
Ability to Create a Comfortable Space					
Overall Evaluation					

**How much did/do you know about gay, lesbian, bisexual, and transgender issues BEFORE and AFTER this presentation? (1=almost nothing and 10=a whole lot)**

	1	2	3	4	5	6	7	8	9	10
How much I knew BEFORE										
How much I know AFTER										

- **What is the single most important thing you learned today**
- **What were the strengths of this presentation?**
- **What could make this presentation better?**
- **Other comments? (Please make additional comments on the back of the page)**

Optional: Will you please help us by providing statistical information often requested by funders? Thank you!

Your Home Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_ What is your sexual orientation? \_\_\_\_\_

How do you define your Race/Ethnicity? \_\_\_\_\_ How do you define your Gender Identity? \_\_\_\_\_

Do you identify as: transgender? \_\_\_\_\_ cisgender? \_\_\_\_\_ other \_\_\_\_\_