

# Getting and Keeping the First Job Evaluation

FAST Workshop

We'd appreciate your feedback on this workshop.

1. Are you a: (Please check all that apply)

- Parent       Surrogate / Foster parent       Grandparent       Other relative/guardian       Regular educator  
 Special educator       Professional       Student       Administrator       Other (please specify) \_\_\_\_\_

2. What is your child/young adult's age? \_\_\_\_\_

3. Does your child/young adult have a disability?     Yes (please answer #4)       No (skip to #5)

4. What is your child/young adult's primary disability? (Check one)

- ADD-ADHD                                       Mental Illness                                       Specific Learning Disability  
 Autism     Developmental Cognitive Disabilities       Speech/Language Impairment  
 Deaf-Blindness                                       Multiple Disabilities                                       Traumatic Brain Injury  
 Deaf-Hearing Impairment                                       Orthopedic Impairment-physical       Visual Impairment including Blindness  
 Developmental Delay (Early Childhood)       Other Health Impairment                                       Suspected Disability \_\_\_\_\_  
 Emotional Disturbance

5. On the whole, how would you rate this workshop?

- Excellent       Very good       Good       Fair       Poor

6. Have you learned anything new at this workshop?     Yes       No

I found these topics most worthwhile: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has this workshop helped you learn to communicate more effectively with your child?       Yes       No

8. Will the workshop information help you become more knowledgeable about how to work with your child?       Yes       No

9. Were the materials received at this workshop of high quality?     Yes       No

10. What suggestions do you have for improving this workshop? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Other comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_