

Post-Program Participant Survey

SAMPLE/TEMPLATE

Date:

Organization Name:

Program Title:

Teaching Artist:

Your Name (optional):

Please take a few minutes to give us your feedback about this Creative Aging program. Your responses will be carefully considered in planning for future programs. All demographic data is anonymized when used for program analysis.

Demographics (optional)

Age:

- <55 55-64 65-74 75-84 85+

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race (check all that apply):

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Islander
 White
 Other:

Gender Identity:

- Female
 Male
 Non-binary
 Prefer to self-describe:

Do you identify as having a disability?

- Yes
 No
 Prefer not to say

In what areas did you experience growth as a result of your participation in this program? *(check all that apply)*

- Formed new/stronger relationships
- Increased mental engagement
- Increased physical activity
- Improved my creative expression
- Increased my knowledge of the art form/discipline
- Increased my skills in the art form/discipline
- Increased my appreciation of the art form/discipline
- Increased my confidence in creating art
- Increased my interest in learning more about this art form
- Increased my interest in learning more about other art forms
- Encouraged me to participate in other community activities
- Other; Please specify:

On a scale from 1 to 5, to what extent do you agree or disagree with the following statements? Circle your response with 1 being strongly disagree and 5 being strongly agreeing.

If you disagree or strongly disagree, please explain what could be improved:

The workshop's physical space OR remote format promoted learning and creativity. 1 2 3 4 5

Our teaching artist had excellent group management skills. 1 2 3 4 5

Our teaching artist provided excellent help when asked. 1 2 3 4 5

Our teaching artist gave me confidence that I could make choices about learning and creating art for myself. 1 2 3 4 5

I would recommend this program to a friend or family member. 1 2 3 4 5

As a result of this program, I plan to continue in this activity. 1 2 3 4 5

Please explain:

How would you rate the overall quality of the program?

- Poor Fair Good Excellent

We welcome any further thoughts or comments you would like to share!