

Self Awareness

20__

Participant #

Please complete this survey is to assist us in finding out if this FCSS Programs makes a difference for you.

We also use this information to acknowledge the positive impact on our community.

Please answer the following questions Check all that apply

1. I learned about this Workshop from <ul style="list-style-type: none"><input type="radio"/> Community Bulletin Board<input type="radio"/> Community Newsletter<input type="radio"/> A Friend<input type="radio"/> FCSS Staff<input type="radio"/> Other	2. I decided to attend to: <ul style="list-style-type: none"><input type="radio"/> Get personal help<input type="radio"/> For information To connect with community resources & supports<input type="radio"/> Other:	3. Where do you live? <ul style="list-style-type: none"><input type="radio"/> Sandy Beach<input type="radio"/> Onoway<input type="radio"/> Lac St Anne Other	4. Please check your age group <ul style="list-style-type: none"><input type="radio"/> 18 - 25<input type="radio"/> 26 - 35<input type="radio"/> 36 - 45<input type="radio"/> 46 - 55<input type="radio"/> 56 - 65<input type="radio"/> 66 - 75<input type="radio"/> 76 +
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As a result of the Self Awareness	1 Strongly disagree	2 Disagree	3 Somewhat Disagree	4 Somewhat Agree	5 Agree	6 Strongly agree
5. I feel better about my ability to address conflict positively.						
6. I am more confident in my ability to deal with life's challenges.						
7. I know how to access the community resources I need.						
8. I feel more connected to the people in my neighborhood/community.						

9. Please comment about the change or impact this program has had for you.

Thank you for your participation. Your input is valuable to us. Have a nice day!