

Post-Program Participant Survey

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

Gender Identity:

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

Race (check all that apply):

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

Mobility Issues/Disabilities:

- I have no mobility issues/disabilities
 I have some mobility issues/disabilities
 I have many mobility issues/disabilities

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 agree.

The workshop's physical space promoted learning and creativity. 1 2 3 4 5
If you disagree or strongly disagree, please explain what could be improved:

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!