**[COMMUNITY NAME] Learning Survey**

**Thank you for attending our community learning workshop! Please take a moment to fill out this short survey. Once completed, please give to your Resident Service Coordinator. Thank you!**

**Presentation Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Was the presentation topic valuable? Please circle one:**(1: Not at all valuable ; 5: Very valuable)

**1 2 3 4 5**

1. **How helpful was the presentation? Please circle one:**(1: Not at all helpful ; 5: Very helpful)

**1 2 3 4 5**

1. **How satisfied were you of the presentation as a whole? Please circle one:**(1: Not satisfied at all ; 5: Very satisfied)

**1 2 3 4 5**

1. **Would you like more presentations like this in the future?**

⬜ Yes ⬜ No ⬜ I don’t know

1. **Is it important to you and the community to have free counseling services available?**

⬜ Yes ⬜ No ⬜ I don’t know

1. **Did you make new friends or strengthen old friendships at this event?**

⬜ Yes ⬜ No ⬜ I don’t know

1. **Do you ever feel lonely?**

⬜ Yes ⬜ No ⬜ I don’t know

1. **Did this event help you feel less lonely?**

⬜ Yes ⬜ No ⬜ I don’t know

1. **Would you suggest this workshop to a neighbor?**

⬜ Yes ⬜ No ⬜ I don’t know

1. **Any comments or feedback you would like to share?**

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