

**Listen to Everyone
Community Dialogues Participant Evaluation**

Name (optional): _____ **Program Name:** _____

Email (optional): _____ **Organization Name:** _____

Date: _____

Did this conversation help you to think about this topic in new ways?

Definitely not Not really Possibly Somewhat Definitely

Did you learn from your peers during the conversation?

Definitely not Not really Possibly Somewhat Definitely

Did this conversation make you want to learn more about the topic?

Definitely not Not really Possibly Somewhat Definitely

Were participants encouraged to share their reactions to the topic and the oral histories?

Definitely not Not really Possibly Somewhat Definitely

Did the facilitator ask relevant and interesting questions?

Definitely not Not really Possibly Somewhat Definitely

How important it is to have programs like this one in your community?

Definitely not Not really Possibly Somewhat Definitely

Do you plan to talk to friends and family about the ideas raised in this program?

Definitely not Not really Possibly Somewhat Definitely

Was the experience you had engaging?

Definitely not Not really Possibly Somewhat Definitely

Would you participate in this kind of program again?

Definitely not Not really Possibly Somewhat Definitely

Please add any additional comments about today's program.