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Implementing an LGBTQ Training for Teen Pregnancy Prevention Facilitators

Christopher F. Drescher

Augusta University, cdrescher@augusta.edu

Elizabeth Devon Eldridge

Augusta University, eleldridge@augusta.edu

Elizabeth Wood

Augusta University, Elwood@augusta.edu

Alexis L. Rossi

alexis.l.rossi@gmail.com

Lara Stepleman

Augusta University, lsteplem@augusta.edu

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Implementing an LGBTQ Training for Teen Pregnancy Prevention Facilitators

Abstract

Teen pregnancy and sexually transmitted infections remain a major health concern and are linked to a number of poor outcomes. Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth are particularly at risk for these issues. Although evidence-based teen pregnancy prevention (TPP) programs exist, they are not necessarily tailored to meet the needs of LGBTQ youth. This paper reports on the development and implementation of a LGBTQ training for TPP facilitators working for the Augusta Partnership for Children in Augusta, GA. The four-hour workshop covered a range of topics including terminology, identity, intersectionality, and risk/resilience factors through a combination of lecture, video clips, and interactive activities. The training was well-received with most facilitators rating the training as excellent on satisfaction surveys completed one-week after the training. Qualitative comments were also largely positive; areas for improvement included discussion of the legal context around LGBTQ issues and the impact of race on LGBTQ issues. Future work is needed to expand on these findings by examining the impact of such trainings on TPP program implementation and, ultimately, on LGBTQ youth.

Keywords

LGBTQ youth, Teen pregnancy prevention, Sexual education, Training satisfaction

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In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue due to lower educational attainment and income among teen mothers (Hoffman, 2011). The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult (Hoffman, 2008). Teen pregnancy varies regionally with the highest rates of teen pregnancy in the U.S. occurring in the South (Hamilton, Martin, Osterman, Curtin, & Mathews, 2015). Despite the progress that has been made to reduce teen pregnancy and sexual risk taking, in 2016, there were still approximately 229,715 pregnancies nationwide to women younger than age 20 (Martin, Hamilton, Osterman, Driscoll, & Matthews, 2017).

Longitudinally, becoming a mother before the age of 20 has a negative economic impact. At the age of 30, women who became mothers before age 20 tend to work fewer hours, to be welfare dependent, and to lack enough money for everyday needs (Gibb, Fergusson, Horwood, & Boden, 2015). Even when controlling for family background, abuse exposure, academic achievement, substance use, and other related variables, significant associations between early motherhood and poor economic outcomes remained, suggesting that young motherhood may independently and persistently increase a woman's risk of poor economic circumstances (Gibb et al., 2015). Furthermore, motherhood often leads women to sacrifice education and training, reducing college completion and overall career potential (Diaz, 2016). Only about 50% of teen mothers receive a high school diploma by 22 years of age (Perper, Peterson, & Manlove, 2010). A recent review concludes that adolescent fathers also face challenges, such as difficulty obtaining and maintaining stable, high-paying employment, legal problems, and social stigma (Kiselica & Kiselica, 2014). Additionally, sons of teenage fathers are nearly twice as likely to become teenage fathers themselves in comparison to sons of older fathers (Sipsma, Biello, Cole-Lewis, & Kershaw, 2010).

Another significant public health concern is related to sexual and reproductive health in teens (Dittus et al., 2015). Young people ages 15 to 24 account for nearly one-half of all new cases of sexually transmitted infections (STIs), even though they only comprise 25% of the sexually active population in the U.S (Satterwhite et al., 2013; Forhan et al., 2009). Frequently, sexual and reproductive health behaviors in youth are directly related to disease burden in adulthood (Dittus, 2015). For example, lifestyle and health behaviors in youth can be attributed to approximately 70% of premature deaths in adults (Dittus, 2015).

Sexual Risk Factors for LGBTQ Youth

LGBTQ youth experience various health disparities, which have been linked to minority stress, lack of family support, higher rates of sexual assault, barriers to medical care, discrimination, and lack of evidenced-based sexual health prevention and treatment programs (Fisher & Mustanski, 2014; Wood, Salas-Humara, & Dowshen, 2016). Research has identified higher rates of pregnancy among sexual minority youth compared to heterosexual counterparts, with identified rates ranging from 2 to 10 times higher (Blake et al., 2001; Goldberg, Reese, & Halpern, 2016; Saewyc, 2014; Saewyc, Poon, Homma, & Skay, 2008). Lesbian, gay, and bisexual (LGB) youth are more likely to initiate sex at a very young age, have multiple partners, and use alcohol and other substances before engaging in sexual intercourse; they are also less likely to use contraception compared to non-LGB youth (Goldberg et al., 2016; Rose, Friedman, Annang, Spencer, & Lindley, 2014; Saewyc, 2014). Increased risk for teen pregnancy among LGB youth may be related to higher rates of sexual victimization, limited parent-child communication around sexual health, and a lack of LGB specific educational materials and programming (Goldberg et al., 2016; Rose et al., 2014; Saewyc, 2014). Less is known about the sexual health and behaviors of transgender and gender variant youth. Specific to teen pregnancy, one study exploring sexual behavior among Canadian transgender individuals suggested that pregnancy rates for this sample were comparable to population-based estimates for cisgender teens (Veale, Watson, Adjei, & Saewyc, 2016).

Additionally, young men who have sex with men and transgender women who have sex with men are disproportionately impacted by HIV (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011). A CDC study reported that 91% of diagnosed HIV infections in young men (age 13-24) were attributed to same sex contact (CDC, 2016). Women who have sex with women may be at increased risk for chlamydial infections (Wood et al., 2016). Additionally, rates of other STIs, such as gonorrhea and human papilloma virus, are higher among LGBT youth than heterosexual or cisgender counterparts (Wood et al., 2016).

Risk Reduction through Teen Pregnancy Prevention Programs

Considerable research has been dedicated to the amelioration of the sexual risk factors for teenagers. Currently, one of the primary ways that these risks factors are addressed is through teen pregnancy prevention (TPP) programs. TPP programs target reduction in teen pregnancy rates, STIs, and sexual risk behaviors. Since 2009, U.S. Department of Health and Human Services (HHS) has conducted an ongoing review of TPP programs. As of June 2016, HHS has identified 37 programs with evidence of effectiveness (Lugo-Gul et al, 2016). These programs vary from broad, classroom-based educational interventions to targeted prevention efforts for at-risk groups.

Although many evidence-based TPPs exist, they have not consistently considered issues related to LGBTQ sexual health (Schalet et al., 2014). Furthermore, many sexual health programs are experienced as non-inclusive of their sexual health needs by LGBTQ youth (Gowen & Wings-Yanez, 2014). The majority of school sexual education programs do not include information on LGBTQ issues and about half of LGBTQ youth do not consider sexual education programs to be useful to them (Greytak, Kosciw, Villenas, & Giga, 2016). Heteronormative sexual education programs run the risk of stigmatizing LGBTQ youth, excluding crucial information related to LGBTQ sexual health, and missing an opportunity to promote more inclusive school and community contexts for LGBTQ youth (Schalet et al., 2014). However, programs that specifically consider LGBTQ sexual issues, can be effective in reducing sexual risk factors, such as decreasing numbers of sexual partners and decreasing substance use before sex (Blake et al, 2001).

There have been growing calls for LGBTQ inclusive sexual health programming (Greytak, et al., 2016; Lindley & Walsemann, 2015; Schalet et al., 2014) and increasing the inclusivity of LGBTQ youth in TPP programs has recently become a point of emphasis for funding agencies, including HHS. In the long-term, research into effective TPP programs for LGBTQ youth is needed. In the meantime, it is necessary for existing evidence-based TPP programs to adapt in order to be more LGBTQ inclusive. One way to potentially achieve this goal is through continued training of TPP facilitators.

Current Study

In 2015, the Augusta Partnership for Children, Inc., a 501(C)(3) non-profit collaborative that provides services and outreach to children and families with the aim of improving the well-being of local adolescents, approached the leadership of the Equality Clinic of Augusta, Inc. regarding consultation on the development of LGBTQ inclusive workshops for their TPP staff and partners. The Equality Clinic is a student-led interprofessional free medical clinic at Augusta University – Medical College of Georgia that provides a range of services to the LGBTQ community, including gender affirming hormones, HIV testing, pre-exposure prophylaxis, dental care, and brief psychological services. In addition to clinical services, the volunteer-based staff of medical students, psychology providers, and physicians offer LGBTQ training services, at a cost, in order to fund patient care and student clinic related activities.

The Augusta Partnership for Children sought consultative services from the Equality Clinic to develop and implement training for the Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with the Greatest Need (Tier 1B) grant, funded by the Department of Health and Human Services, Office of Adolescent Health, which provides evidence-based programs

targeting groups of youth, parents, and community members. The goal of the TPP program is to reduce local teen pregnancy and incident rates of STIs among individuals 13-19 years of age by 15% within a 5-year period (2015-2020) (Teen Pregnancy Prevention Program, 2017).

During planning meetings, leadership members from the two organizations discussed needs and defined goals for the partnership, as well as reviewed the grant parameters and key deliverables, including the development and provision of a basic two-hour workshop on working with LGBTQ adolescents and a specialty two-hour workshop on LGBTQ adolescent mental health which was ultimately delivered as a 4-hour, half day program to ACP TPP staff and partners staff and partners. Equality Clinic leadership and facilitators donated time to the creation of the materials and facilitation of the workshop, allowing for the money earned for the deliverables to be donated directly to the Equality Clinic.

The goal of the current study was to review the design and pilot information on an educational LGBTQ training for TPP facilitators working in rural Georgia, as noted above. Two LGBTQ workshops were provided in consecutive years (2016 and 2017); the content was mostly similar between the two years, although the participants were unique to each workshop. We aimed to collect initial quantitative and qualitative satisfaction data on the workshops. Furthermore, we aimed to share workshop content with others interested in adapting the training for use with sexual health educators.

Methods

Participants

Participants were 27 TPP facilitators and staff members (13 from the 2016 workshop and 14 from the 2017 workshop) from the Augusta Partnership for Children who attended a 4-hour LGBTQ training workshop. Workshop participation was mandatory for the Augusta Partnership TPP facilitators. While we did not gather specific data on demographics and professional backgrounds of the facilitators, TPP staff in this agency generally have a range of educational backgrounds, including Bachelor's and Master's degrees in a variety of health fields (i.e., social work, public health). The TPP facilitators primarily work in community settings, such as schools, churches, and community centers, within the five-county (Burke, Jefferson, Richmond, Washington, and Wilkes) rural and metropolitan region served.

Training

The workshop discussed in the current study was designed and implemented by Equality Clinic staff with specific training and experience working with LGBTQ patients. Presenters included licensed psychologists and a psychology postdoctoral

fellow, a research associate with a bachelor's degree in psychology, and several first and second year medical students.

The 4-hour workshop included didactics, videos, and interactive segments that covered a variety of LGBTQ relevant topics, including terminology, intersectionality, trauma, and risk/resilience factors. The main difference between the two years of the workshop was that the 2016 workshop discussed trauma in more depth, which was truncated in the 2017 workshop to allow more time for a discussion of the intersectionality of racial/ethnic and LGBTQ identities. The training utilized a combination of pre-existing resources, such as the Augusta University Safe Zone training tools and the “genderbread person” (It's Pronounced Metrosexual, n.d.), and new materials, created from the providers' own contextually relevant experience. The content of the Safe Zone training materials included issues related to LGBTQ language and identity. The genderbread person is a visual representation of the separate but related concepts of sex, gender identity, gender expression, and sexual orientation. Additional materials that were included based on the presenters' own experiences included a discussion of issues specifically affecting LGBTQ youth. In addition to these materials, small group activities with a leader were conducted to engage participants in case studies for critical exploration and specifically link learned information to TPP hypothetical scenarios. See Appendix A for an outline of the workshop and Appendix B for the hypothetical scenarios.

Surveys

Quantitative and qualitative responses to an online satisfaction survey (see Appendix C) sent to participants one week after the workshop were utilized for the current study. Factors assessed during the survey included clarity, style, effectiveness, and relevance of the training. Participants responded to various statements about the workshop (e.g., “The workshop was relevant and applicable to me in my position.”) with their level of agreement: Strongly Disagree, Disagree, Neither Disagree nor Agree, Agree, and Strongly Agree. Participants also reported an overall impression of the workshop: Poor, Below Average, Average, Above Average, or Excellent. They also responded to several open-ended questions about the workshop: “What portion of the workshop impacted you the most?”, “What changes should be made to the workshop?” and “Any other comments?”

Results

Quantitative Responses

Across the measured areas of clarity, style, effectiveness, and relevance, workshop participants were overwhelmingly positive about the training (see Table 1). Almost all (93.3%) of participants agreed or strongly agreed with the various positive statements about the workshop. Regarding their overall impression of the

workshop, the majority of participants ($n = 16$, 59.3%) rated the workshop as excellent, about one-quarter rated the workshop as above average ($n = 7$, 25.9%), and 11.1% ($n = 3$) rated it as average. No participants rated the workshop as below average or poor.

Table 1.

Impressions of LGBTQ Training Clarity, Style, Effectiveness, and Relevance

Item	Number of Responses (%)				
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The workshop was well-prepared and well-organized.	1 (3.7)	-	-	8 (29.6)	18 (66.7)
The objectives of the workshop were clear.	1 (3.7)	-	-	9 (33.3)	17 (63.0)
The facilitators met the objectives.	1 (3.7)	-	-	9 (33.3)	17 (63.0)
The facilitators were knowledgeable about the topic.	1 (3.7)	-	-	5 (18.5)	21 (77.8)
The facilitators' presentation styles were effective.	1 (3.7)	-	1 (3.7)	11 (40.7)	14 (51.9)
The interactive activities were effective and practical.	1 (3.7)	1 (3.7)	-	10 (37.0)	15 (55.6)
The workshop was relevant and applicable to me in my position.	1 (3.7)	-	-	10 (37.0)	16 (59.3)
I would recommend this workshop to a colleague.	1 (3.7)	-	1 (3.7)	7 (25.9)	18 (66.7)

Qualitative Responses

Participants noted that workshop was powerful, especially the small group activity with scenarios about youth. One participant noted:

“The portion that was most impactful was the interactive case study when the group was divided into separate teams in order to examine the details of

each assigned scenario. This was very impactful and helpful in better preparing to assist possible LGBTQ clients.”

Other participants also noted that the leaders played an important role in the workshop being well-received, especially given the sensitivity of the topic and having an audience that might not be experienced with the LGBTQ community. As one participant reported, “The facilitators were well informed and familiar with subject matter. Presentations were presented in a relaxed and comfortable environment.” Another participant stated, “The presenters were great. I loved [that] they were open and honest about their sexuality...I know it was an uncomfortable topic to those who hold different beliefs otherwise but it was perfectly presented to that crowd.” And finally, a participant noted, “I think [the facilitators] showed a lot of patience and understanding with participants who had little to no prior experience with LGBT persons, while still presenting a clear and powerful message of mutual respect.”

Several areas were identified to help improve the workshop in the future, including providing workshop participants with handouts and discussing the current status legal protections for LGBTQ student. A comment about the first presentation of this workshop, in which the intersection between race and sexuality was less emphasized, highlighted the need to address how LGBTQ issues are similar (and dissimilar) to issues facing the African American community. No major changes to the workshop were proposed.

Discussion

Our experience with the current project demonstrates that it is possible to design and implement an LGBTQ workshop for TPP facilitators. If presented effectively, the information is perceived as helpful and relevant to the work of TPP facilitators. Workshops like the one discussed in this article may be one way to address the need to adapt evidence-based TPP programs to be more LGBTQ-inclusive.

Making TPP programs more inclusive through LGBTQ training may be one way to make school and community contexts more accepting and welcoming. It is well-documented that LGBTQ students can face hostile school environments characterized by anti-LGBTQ bias, bullying, and harassment (Greytak et al., 2016). However, learning about LGBTQ topics in classes is linked to lower levels of sexual- and gender-related victimization (Greytak et al., 2016). Although TPP programming is not the only area that could be enhanced by LGBTQ-inclusive curriculum, it is an important target for improvement.

Regarding further development of the workshop, two salient points were raised by participants. First, the need for a discussion regarding laws related to LGBTQ issues. This is especially relevant for transgender students, where laws and policies have shifted dramatically over the past few years. For example, in May

2016 the U.S. Department of Justice and U.S. Department of Education issued guidelines that charged schools with the responsibility to provide a safe and nondiscriminatory environment for all students (including transgender students), to use pronouns and names consistent with a student's gender identity, and to allow a student access to facilities (e.g., restrooms) that are consistent with the student's gender identity. In February 2017, under a new presidential administration, the Department of Education rescinded these guidelines and instead instructed schools to rely on "Title IX and its implementing regulations" to address complaints of sex discrimination involving transgender students. These types of sudden and dramatic shifts can be confusing and could conceivably affect sexual health education. For example, if students are going to be segregated into gendered groups for discussion of a sexual health topic, is a transgender student entitled to be with the group that aligns with their gender identity? TPP facilitators should be aware of these issues and are in a position to help students know about and advocate for their rights in educational contexts (see National Center for Transgender Equality, 2017).

The second area highlighted was the intersection between race/ethnicity and LGBTQ status. This was an extremely relevant topic because the TPP facilitators were working in counties where the African American population accounted for 42-56% of the overall population and many were practicing in settings where the African American population was even higher. We believe that we addressed this topic more fully in our second workshop, where we spent considerable time on the topic of intersectionality. Attention to these issues is essential for TPP facilitators because some TPP programs were designed to address specific racial/ethnic groups (e.g., Latino youth, see Villarruel, Jemmott, & Jemmott, 2006). Furthermore, there is a lack of materials for sexual minority youth of color to discuss sexual health with their parents and a barrier to obtaining this information outside of formal sexual education programming (Rose et al., 2014). Indeed, in rural Georgia, sexual education may be the only resource for African American youth to learn about sexuality (Hallum-Montes et al., 2016). Therefore, TPP facilitators must be prepared to discuss the ways that race, sexual orientation, and gender identity interact and influence sexual health.

Finally, creating a more inclusive and culturally-responsive sexual education programming is of critical interest for persons working with young people in Georgia. Only 15% of youth in the South report being taught any information about LGBT issues in their educational curriculum, the lowest rate of any region in the U.S. (Greytak et al., 2016). Furthermore, much of Georgia is rural and the unique needs of rural youth in Georgia may not be met by TPP programs that have been developed in metropolitan areas (Hallum-Montes et al., 2016). Therefore, existing TPP programs will need to adapt to accommodate the needs of diverse youth in Georgia.

Limitations and Strengths

The major limitation of this study is that it focuses on participant satisfaction for the training itself but does not examine gains in knowledge related to the workshop content, application of the workshop material by the facilitators within their various settings, or the impact of the training on youth participating in TPP programs. A second limitation is that the limited nature of the qualitative data did not allow for more extensive analysis (e.g., identification of emergent themes). This study was in part restricted to a focus on participant satisfaction due to the researchers' roles as consultants to a larger project, who were specifically contracted to provide an LGBTQ training. A major strength of the studies lies in the creation of a distributable LGBTQ training for TPP program facilitators. Given the positive reception and high satisfaction ratings that the workshop received, as well as the important lessons learned about intersectionality and the legal context, we believe that this workshop can be applicable to other TPPs, both within and beyond rural Southern environments.

Future Studies

While this study was important for establishing a foundation for including LGBTQ specific content that was positively received by participants, more evidence is needed to examine how inclusive workshops like these can impact the delivery of TPP, as well as to what extent inclusive TPP can impact teen sexual risk behaviors, especially of sexual minority youth. Additional evidence may also illuminate the utility of these types of workshops for other educators who work within the school system to help create more inclusive school environments and reduce the bias and discrimination that sexual minority youth often face.

Conclusion

The current study reported the successful design and well-received implementation of an LGBTQ training for TPP facilitators operating in Georgia. We are providing an outline of our workshop in the Appendices with the hope that others will implement similar trainings in the future. It is our sincere desire that this work be disseminated and built upon to help create a welcoming, supportive, and healthy sexual education environment for all youth.

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Appendix A

LGBTQ Training Outline

- Introduction
 - Workshop overview
 - Facilitator introductions
 - Video introducing LGBTQ concepts
- Language/terminology
 - Review of common terms including sex, gender, gender identity, gender expression, and sexual orientation
 - Exploring the Genderbread Person
 - Pointing out inappropriate and outdate terms
- Identity and intersectionality
 - Video discussing being LGBTQ and African American
 - Exploring different sociological and philosophical views on identity, defining intersectionality, and highlighting the importance of the complex interwoven facets of identity
 - Interactive activity: Ask participants to identify 4 facets of their identity. Then have them remove two of these facets. Ask them to explore what that was like to choose to remove or hide part of their identity.
 - Discuss how different parts of identity interact (intersectionality)
- Small group activity: Case-based discussions (see Appendix B)
- LGBTQ Youth
 - Video introducing LGBTQ youth issues
 - Discussion of gender socialization and gender identity development
 - Discussion of risk factors and stress associated with LGBTQ youth, including exposure to trauma and risky sexual behavior.
 - Discussion of LGBTQ youth supports and resilience factors
- Links to national and local LGBTQ resources

Appendix B

Interactive Activity Scenarios and Discussion Questions

Scenarios:

1. This person is a 16 year old African American cisgender gay male from Cairo, GA. He was kicked out of his house last year after coming out to his parents. He is currently moving between several friends' couches. Since being out of his parents' house he has started experimenting with alcohol and marijuana. He has had one sexual partner, who is one of the friends he occasionally stays with.
2. This person is a 14 year old Caucasian transgender female from Savannah, GA. She is out to her family, friends, and school. Her family is mostly accepting and she has several friends that support her. However, she has experienced bullying since starting middle school. She has socially transitioned, but has had difficulty locating a provider to manage hormone replacement therapy. She is interested in having sexual contact with, but she is uncomfortable with her genitals.
3. This person is a 13 year old Latino genderqueer pansexual person from Appling, GA. Their sex at birth was female. Their parents think this is just a phase and rarely go out with their child because they are embarrassed about their gender expression. The person feels cutoff socially and gets most of their information about sexuality from the internet.
4. This person is a 16 year old African American transgender male from Gainesville, GA. His parents supported his social transition as a child and he is currently on medications to block the onset of puberty. He experiences bullying from time to time at school, but is doing well overall and has several good friends. He is not sexually active and wants to be abstinent at this time.
5. This person is a 17 year old multiracial cisgender lesbian from Dublin, GA. Her parents feel that her sexuality is "just a phase" and do not want their child to engage in any sort of relationship with same gender peers. Unbeknownst to her parents, this person's "best friend" is her girlfriend and they frequently engage in oral sex.

Process Questions:

1. Awareness/perspective: If you were this person...
 - a. How would you feel during a sexual education workshop?
 - b. Would there be aspects of the class that would make you feel excluded from the curriculum? Which ones?
 - c. What information would you want to be covered in the class?

- d. What are some questions that you might be afraid to ask?
 - e. What would make you feel more comfortable and included in the class?
2. Content: As an instructor...
- a. What topics would be important to cover so that this person has a meaningful experience in the workshop?
 - b. What language would need to be used when discussing gender and/or sexual orientation?
 - c. What information that is outside of the typical curriculum might need to be added?
 - d. What information might need to be modified? How so?
3. Process
- a. How would you react if this person disclosed their gender identity and/or sexual orientation during a workshop? What if it was after the workshop, to you personally?
 - b. How could you manage the group if one or several members made a joke or disparaging comment about this person's gender identity and/or sexual orientation? What if you did not know this person was in the group, but general disparaging remarks were made?
 - c. How would you respond if a person in the group raised a religious objection to this person's gender identity or sexual orientation?
 - d. How could you stop negative responses before they start?

Appendix C

Satisfaction Survey

	Strong Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The workshop was well-prepared and well-organized.					
2. The objectives of the workshop were clear.					
3. The facilitators met the objectives.					
4. The facilitators were knowledgeable about the topic.					
5. The facilitators' presentation styles were effective.					
6. The interactive activities were effective and practical.					
7. The visual aids (e.g., handouts, slides) were effective.					
8. The workshop was relevant and applicable to me in my position.					
9. I would recommend this workshop to a colleague.					
	Poor	Below Average	Average	Above Average	Excellent

10. My overall impression of the workshop.					
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11. What portion of the workshop impacted you the most?

12. What changes should be made to the workshop?

13. Other comments?