1. **Did the workshop meet your expectations?** *(Please check only one box.)*

 Completely [ ] Partially [ ] Not at all [ ]

*Please explain:*

1. **How relevant was the workshop to your organization or project’s needs?** *(Please check only one box.)*

 Very Relevant [ ] Somewhat Relevant [ ] Not Relevant [ ]

*Please explain:*

1. **What was the greatest strength of the workshop?**
2. **What was the greatest weakness of the workshop?**
3. **How useful was the workshop for learning about promoting the adoption of WASH behaviours?**

Very useful [ ] Somewhat useful [ ] Not useful [ ]

*Please explain:*

1. **How would you rate the depth of information on these topics?**

|  | **Too Little** | **Enough** | **Too Much** |
| --- | --- | --- | --- |
| Why WASH Matters | [ ] | [ ] | [ ] |
| The Benefits of WASH | [ ] | [ ] | [ ] |
| Factors that Influence Behaviour | [ ] | [ ] | [ ] |
| How Water gets Contaminated | [ ] | [ ] | [ ] |
| Household Water Treatment | [ ] | [ ] | [ ] |
| Sanitation | [ ] | [ ] | [ ] |
| Building a Basic Latrine *(optional)* | [ ] | [ ] | [ ] |
| Handwashing | [ ] | [ ] | [ ] |
| Food Hygiene *(optional)* | [ ] | [ ] | [ ] |
| Insects & Animals *(optional)* | [ ] | [ ] | [ ] |
| Menstrual Hygiene *(optional)* | [ ] | [ ] | [ ] |
| Gender and WASH | [ ] | [ ]  | [ ] |
| Principles of a Household Visit | [ ] | [ ] | [ ] |
| The WASH Detective | [ ] | [ ] | [ ] |
| Influencing Behaviour Change | [ ] | [ ] | [ ] |
| Role Playing Household Visit | [ ] | [ ] | [ ] |

1. **Trainer 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you rate the following?** *(Please check only one box for each statement.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| 1. The trainer was well prepared.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was knowledgeable about the content.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was approachable and friendly.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer encouraged an engaging, participatory and interactive learning environment.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer created an inclusive and respectful learning environment.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. Overall, I am satisfied with the trainer.
 | [ ] | [ ] | [ ] | [ ] | [ ] |

**Trainer 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you rate the following?** *(Please check only one box for each statement).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| 1. The trainer was well prepared.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was knowledgeable about the content.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer was approachable and friendly.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer encouraged an engaging, participatory and interactive learning environment.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. The trainer created an inclusive and respectful learning environment.
 | [ ] | [ ] | [ ] | [ ] | [ ] |
| 1. Overall, I am satisfied with the trainer.
 | [ ] | [ ] | [ ] | [ ] | [ ] |

1. **As a result of the workshop, what actions do you plan to take?** *(Please check all that apply.)*

[ ] Share what you learned with others

[ ] Apply what you learned in your work

[ ] Train others on this topic

[ ] Apply what you learned in your personal life

[ ] Do nothing

Other:

1. **What support do you need from CAWST to complete your action?**
2. **Additional comments or suggestions**
3. **What is your gender?** *(We ask this question to analyze the responses by gender and report appropriately to stakeholders and funders.)*

[ ] Woman[ ] Man [ ] Prefer not to say

Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_