pax tools feedback

Location _____ Date _____ Presenter _____

Thank you for attending PAX Tools training. Your feedback helps us to improve future trainings.

1. This training provided the expected level of information on...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
...Understanding the science behind the PAX Tools.	1	2	3	4	5
...How to implement the PAX Tools in my youth setting.	1	2	3	4	5

2. After attending this class, how likely are you to use...

	Very Unlikely	Not Likely	Neutral	Likely	Very Likely	N/A
...Shared Vision?	1	2	3	4	5	N/A
...Low Emotional Response?	1	2	3	4	5	N/A
...Beat the Timer?	1	2	3	4	5	N/A
...Random Sticks?	1	2	3	4	5	N/A
...Mystery Motivators?	1	2	3	4	5	N/A
...Kudos?	1	2	3	4	5	N/A
...PAX Breaks?	1	2	3	4	5	N/A
...Amends?	1	2	3	4	5	N/A
...Focus?	1	2	3	4	5	N/A

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thank you!

3. After attending this class, how helpful was this training overall?

Not Helpful At All	Slightly Helpful	Somewhat Helpful	Very Helpful	Extremely Helpful	N/A
1	2	3	4	5	N/A

4. Is your child currently in a PAX classroom? ☐ Yes ☐ No ☐ Not Sure

- If yes, did this encourage you to attend this training? ☐ Yes ☐ No

5. What was the most helpful part of today's training?

6. What part of the training could be improved?

7. Additional Comments:

8. What are the ages of your children?

9. What is your youth setting? *(select all that apply)*

☐ Parent ☐ After-school ☐ Faith Based

☐ Childcare Center ☐ Human Services ☐ Other:_____

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