SERVICE PROVIDER FEEDBACK FORM

It is important to get your feedback on today's workshop. If you could take a few minutes to complete the following questions, we would be very thankful. It is OK if you do not want to.

Please place this sheet in a sealed envelope and give it to your facilitator when you are done. Only the original team who made this workshop, and not anyone from your treatment centre, will see your answers, unless you choose to share them.

Name: _____

Age: _____ **Occupation:**_____

Field of Service: _____ **Years in the Field of Service:** _____

Gender: (circle): Female Male

Cultural Background (circle): First Nations Métis Inuit Other: _____

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**No Response**
WORKSHOP CONTENT					
The workshop gave me an opportunity to listen to the healing journeys of Aboriginal women from substance abuse.					
The workshop taught me how self-identity is an important part of the healing journey.					
The workshop taught me how culture is an important part of the healing journey.					
The workshop taught me how hope is an important part of the healing journey.					
The workshop taught me that stigma can be harmful to the healing journey.					
It is important to me that the workshop was created based on the lived experiences of Aboriginal women healing from substance abuse.					
It is important to me that the workshop is offered in a group format where women are sharing with one another.					

The workshop provided me with information that will help me support others on their healing journey.					
The workshop has increased my cultural awareness and sensitivity.					

Was there information presented in the workshop today that you did not understand? (circle) YES NO

If yes, what part(s) of the workshop did you find confusing? _____

_____

_____

Can you please rate your awareness of the role of Aboriginal culture in the healing journeys of women from substance abuse **prior** to the workshop? (Please circle)

1 (low) 2 3 4 5 (high)

Can you please rate your awareness of the role of Aboriginal culture in the healing journeys of women from substance abuse **after** the workshop? (Please circle)

1 (low) 2 3 4 5 (high)

What is the most important thing(s) you learned today? _____

_____

_____

What part(s) of the workshop did you like the best?

_____

_____

_____

What part(s) of the workshop did you like the least?

_____

_____

_____

Overall, how would you rate the importance of offering this workshop at your organization?

Very important	Somewhat important	Unsure	Not at all important
[ ]	[ ]	[ ]	[ ]

Do you think that offering this workshop to front-line service providers can increase their knowledge about Aboriginal culture?

Yes	No	Unsure
[ ]	[ ]	[ ]

Please explain:

_____

_____

_____

We are very interested in any additional comments you may have:

_____

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SERVICE PROVIDER CONTACT INFORMATION FORM

We would greatly appreciate it if you would share with us your contact information so that we can get in touch with you in an approximately one month from now to see if the workshop had a lasting, positive impact for you. Please place this sheet in the same sealed envelope as your participant feedback form. It is OK if you do not want to provide this information.

To help you decide, the questions that you would be asked to answer when a member of our "From Stilettos to Moccasins" team contacted you in a few months are: (1) What key message(s) do you remember from the workshop "From Stilettos to Moccasins"?, (2) Have you listened to the song or watched the video since your participation in the workshop?, (3) Have you used or applied any of the information you learned in the workshop in your personal life?, and (4) Have you shared any of the information you learned in the workshop with the people you work with (clients or colleagues)? How so?

— —

As a participant in the workshop "From Stilettos to Moccasins", I _____ agree to provide the Project Team - *Aboriginal Women Drug Users in Conflict with the Law: A Study of the Role of Self-Identity in the Healing Journey* with my personal contact information so that they can contact me, in a research capacity only, to gather follow-up feedback on my experiences as a workshop participant. I was involved in the workshop held at _____ _____ on _____, 20__. If I decide not to participate after providing this information, I do not have to.

_____ _____

Signature of participant Date of signature

Mailing address: _____

_____

_____

Email address: _____

Telephone number: _____

Facebook contact: _____