

Date: \_\_\_\_\_

Code: \_\_\_\_ (Please use the last two digits of the year you were born and your two digit date of birth. For example, for the following birthdate 08/09/1970, the code would be: 7009)

## SAFE ZONE TRAINING PRE-EVALUATION

Please take a few minutes to complete this evaluation. The purpose is to help us understand the level of knowledge that Safe-Zone participants have prior to the training. No individually identifiable information will be collected.

Please indicate your <i>familiarity</i> with the following terms:					
	None		Moderate		High
1. Coming Out	1	2	3	4	5
2. Sexual Orientation	1	2	3	4	5
3. Gender Identity	1	2	3	4	5
4. Gender Expression	1	2	3	4	5
5. Homophobia	1	2	3	4	5
6. Heterosexism	1	2	3	4	5
7. Queer	1	2	3	4	5
8. LGBT	1	2	3	4	5
Please indicate your <i>knowledge</i> of the following issues:	None		Moderate		High
9. Intersecting identities and their interaction with privilege	1	2	3	4	5
10. Diversity within the LGBTQ community	1	2	3	4	5
11. Understanding of what it means to be an LGBTQ ally	1	2	3	4	5

### Demographics:

12. Age:  Under 18  18-24  25-30  31-40  41-50  
 51-60  61+

13. Assigned Sex: Female  Male  Intersex   
Self identify: \_\_\_\_\_

14. Gender Identity: Female  Male  Transgender   
Self identify: \_\_\_\_\_

15. Gender Expression: Feminine  Masculine  Androgynous   
Self identify: \_\_\_\_\_

16. Sexual Orientation: Lesbian  Gay  Bisexual  Straight  Queer   
Self identify: \_\_\_\_\_

17. Primary Affiliation:  U of U Student  Other Educational Institution \_\_\_\_\_  
 U of U Faculty  Community Agency/Business \_\_\_\_\_  
 U of U Staff  Community member

Date: \_\_\_\_\_

Code: \_\_\_\_ (Please use the same code you used on the first survey. The last two digits of the year you were born and your two digit date of birth. For example, for the following birthdate 08/09/1970, the code would be: 7009)

## SAFE ZONE TRAINING POST-EVALUATION

Please take a few minutes to complete this evaluation. The purpose is to help us understand the effectiveness of the Safe-Zone training. We appreciate your feedback. No individually identifiable information will be collected.

**Part I.** Please rate your knowledge/awareness in the following areas:

<b>Please indicate your familiarity with the following terms:</b>	<b>None</b>		<b>Moderate</b>		<b>High</b>
1. Coming Out	1	2	3	4	5
2. Sexual identity	1	2	3	4	5
3. Gender identity	1	2	3	4	5
4. Gender Expression	1	2	3	4	5
5. Homophobia	1	2	3	4	5
6. Heterosexism	1	2	3	4	5
7. Queer	1	2	3	4	5
8. LGBT	1	2	3	4	5
<b>Please indicate your knowledge of the following issues:</b>	<b>None</b>		<b>Moderate</b>		<b>High</b>
9. ^^^	1	2	3	4	5
10. Diversity within the LGBTQ community	1	2	3	4	5
11. Understanding of what it means to be an LGBTQ ally	1	2	3	4	5

**Part II.** Please rate your experience in the Safe Zone Training

<b>Please indicate your experience with the following terms:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. Overall, this Safe Zone Training was a valuable experience for me.	1	2	3	4
2. This Safe Zone Training provided me with useful tools and information to create a safe and comfortable environment in my office.	1	2	3	4
3. This training helped to dispel some myths/incorrect information I had about LGBT issues.	1	2	3	4
4. This Safe Zone Training provided a safe environment/process for useful, structured dialogue and learning.	1	2	3	4
5. I felt respected and comfortable asking questions/participating during this training.	1	2	3	4
6. The length of this training was appropriate.	1	2	3	4
7. The facilitators were well prepared, thorough and effective.	1	2	3	4
8. The handouts used for this training were clear and effective.	1	2	3	4

**Part III.** Please provide your additional comments below (Please use the other side if needed!):

- 1) The MOST effective thing about this training was:
  
- 2) One thing I would have changed about this training was: