

OWDS Post Training Survey

Name (optional) _____

Date: _____

Session Attended: _____

Section I: Team Communication and Action Plan

1.) Before the OWDS training, how often did you communicate with your OWDS team (in person, phone, email, etc.)?

Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___ Daily ___

2.) After the OWDS training, how often have you communicated with your OWDS team?

Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___ Daily ___

3.) What percentage of your current OWDS “Action Plan” were you already doing before the OWDS training?

0 1% - 25% 26% - 50% 51% - 75% 76% - 100%

4.) What percentage of your OWDS “Action Plan” have you completed since attending training?

0 1% - 25% 26% - 50% 51% - 75% 76% - 100%

Section II: Impact on the Agency/Organization

5.) Since OWDS training, have you seen an attitude change in your primary agency/organization in relation to offender employment issues?

- Yes, I have seen a *positive* change in attitude
- Yes, I have seen a *negative* change in attitude
- I have not seen a change

Comments:

6.) Since OWDS training, has management provided additional support in the area of offender employment?

- Yes, management has supported the area of offender employment with additional resources (i.e. staff, funds, etc.)
- Yes, management has verbally expressed support, but hasn't or is unable to provide additional resources at this time
- No, management has not provided additional support

Comments:

Section III: External Relationships

7.) Before the OWDS training, how often did you communicate (in person, phone, email, etc.) about offender workforce development related issues with:

Local agencies/organizations
Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___

Comments:

State agencies
Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___

Comments:

Federal agencies
Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___

Comments:

8.) Since OWDS training, how often do you communicate (in person, phone, email, etc.) about offender workforce development related issues with:

Local agencies/organizations
Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___

Comments:

State agencies
Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___

Comments:

Federal agencies
Never ___ Annually ___ Quarterly ___ Monthly ___ Weekly ___

Comments:

9.) Since OWDS training, has collaboration (formal or informal partnerships, cost sharing, resource sharing, information sharing, etc.) in your programs increased with:

Local agencies/organizations

Yes No Plan to

Comments:

State agencies

Yes No Plan to

Comments:

Federal agencies

Yes No Plan to

Comments:

10.) After completing OWDS training, have you increased local employer involvement relative to offender workforce issues?

Yes No Plan to

Comments:

11.) After completing OWDS training, have you created new relationships with referral sources/agencies?

Yes No Plan to

Comments:

Section IV: Participant Development

12.) Have you obtained your Global Career Development Facilitator (GCDF) certification?

Yes No Plan to

Comments:

13.) Have you applied for Continuing Education Units for participating in the OWDS program?

Yes No Plan to

Comments:

14.) Have you applied for college credit for participating in the OWDS program?

Yes, towards a bachelor's degree Yes, towards a Master's degree
 No Plan to

Comments:

15.) As a result of participating in OWDS, have you joined new professional organizations (If yes, please list the names of the organizations in the comments)?

Yes No Plan to

Comments:

16.) As a result of participating in OWDS, do you have increased job responsibilities (check all that apply)?

- Yes, in the area of offender employment
- Yes, in the area of offender career development
- Yes, in the area of offender transition programming
- Yes, in the area of training
- No
- Plan to
- Other (please explain below)

Comments:

17.) As a result of participating in OWDS, have you increased your career mobility?

- Yes, I have received a promotion
- Yes, I have obtained a new job as a result of OWDS
- No
- Plan to

Comments:

Section V: Additional Information

18.) After completing OWDS training, has offender involvement in your employment program increased?

- Yes No Plan to

Comments:

19.) Has OWDS training increased your ability to provide offenders with the skills necessary for:

- | | | | |
|--------------------|------------------------------|-----------------------------|------------------------------|
| Gaining employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Job Retention | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Career advancement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Comments:

20.) In summary, have you found OWDS training to be:

- Very Useful Useful Not Useful at All

Explain:

21.) Additional Comments: