

Explore Science: Let's Do Chemistry Workshop Survey

This survey will be collected and analyzed to help inform our future professional development trainings. Participation is voluntary, and your responses will be confidential. We may decide to use these data again or share your data with other researchers. Thanks for your feedback!

1. How **interested** are you in modifying or creating chemistry activities according to what you learned in this workshop? Please circle **one**.

Not at all
interested

A little
interested

Somewhat
interested

Very
interested

2. How **confident** are you in your ability to modify or create chemistry activities according to what you learned in this workshop? Please circle **one**.

Not at all
confident

A little
confident

Somewhat
confident

Very
confident

3. Please explain what about the workshop impacted your interest and confidence in modifying or creating chemistry activities.

4. How **interested** are you in facilitating chemistry activities according to what you learned in this workshop? Please circle **one**.

Not at all
interested

A little
interested

Somewhat
interested

Very
interested

5. How **confident** are you in your ability to facilitate chemistry activities according to what you learned in this workshop? Please circle **one**.

Not at all
confident

A little
confident

Somewhat
confident

Very
confident

6. Please explain what about the workshop impacted your interest and confidence in facilitating chemistry activities.

7. How **relevant** do you feel the information provided in this workshop is to your work? Please circle **one**.

Not at all
relevant

A little
relevant

Somewhat
relevant

Very
relevant

8. Please explain what about the workshop impacted your sense of the relevance in these areas.

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10. Please rate how useful the following workshop modules were to you:

	Not at all useful	A little useful	Somewhat useful	Very useful
Welcome module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitation module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build your training module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please explain your responses to question 10:

12. Rant and Rave: Tell us any final thoughts about this workshop. What did you like and/or not like about it? Share your concerns and your great ideas.

13. With which racial or ethnic group(s) do you identify?

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other (write in): _____
- Prefer not to say

14. What is your gender?

- Male
- Female
- Another category (please specify): _____
- Prefer not to say

15. Do you have any of the following permanent or temporary disabilities? (Please choose all that apply.)

- No, I do not have a temporary or permanent disability.
- Mobility
- Visual
- Auditory
- Learning
- Cognitive
- Other (write in): _____
- Prefer not to say

Thank you!