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.

1  www.nisenet.org
10. Please rate how useful the following workshop modules were to you:

<table>
<thead>
<tr>
<th>Module</th>
<th>Not at all useful</th>
<th>A little useful</th>
<th>Somewhat useful</th>
<th>Very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome module</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Format module</td>
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<td>Content module</td>
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<td>Facilitation module</td>
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<tr>
<td>Build your training module</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
</tbody>
</table>

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!