



# STRATEGIES FOR HOPE

## FEEDBACK ON 'STEPPING STONES' MATERIALS



Dear Colleague,

We hope you find the *Stepping Stones* training materials useful in your work. After you have used one or more of the materials with a few groups, please complete this short feedback form and return it to us. Please use a separate form (photocopied if necessary) for each item.

Your experiences and opinions are of great importance to us. Thank you very much for your assistance.

Glen Williams, Series Editor, Strategies for Hope Trust

**A. Which *Stepping Stones* material are you reporting on? (PLEASE TICK ONLY ONE BOX.)**

- Stepping Stones* training manual
- Stepping Stones* workshop video
- Stepping Stones Revisited* video
- Stepping Stones Plus* CD manual

**B. How would you describe the organisation in which you are involved? (PLEASE TICK AS MANY BOXES AS APPROPRIATE.)**

- non-governmental organisation
- church congregation
- faith-based group or organisation
- college or university
- community organisation
- other (please specify) .....

**C. What is your position in this organisation? (PLEASE TICK AS MANY BOXES AS APPROPRIATE.)**

- development worker
- women's leader
- faith leader
- health worker
- trainer
- community leader
- teacher
- social worker

- director/coordinator
- other role (please specify) .....

**D. With whom have you used this material? (PLEASE TICK AS MANY BOXES AS APPROPRIATE.)**

- community group
- women's organisation
- church congregation
- college or university
- non-governmental organisation
- other (please specify).....

**E. How many times have you used this material with a group?**

- Less than 5 times
- 5 - 9 times
- 10 - 14 times
- 15 or more times (PLEASE SPECIFY) .....

**F. How many people, in total, have taken part in these meetings?**

- Fewer than 10
- 10 - 29
- 30 - 49
- 50 - 99
- 100 or more (PLEASE SPECIFY) .....

Please continue overleaf...

**G. What did the participants think of the material?** (PLEASE DISCUSS THIS QUESTION WITH THE PARTICIPANTS AND CIRCLE A NUMBER FOR EACH LINE. 1 = "Strongly agree; 5 = "Strongly disagree".)

Thought-provoking	1	2	3	4	5
Moving	1	2	3	4	5
Inspiring	1	2	3	4	5
Challenging	1	2	3	4	5

**H. What particular comments did the participants in these meetings make about the material?** (IF POSSIBLE, PLEASE USE DIRECT QUOTATIONS.)

1 .....

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2 .....

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3 .....

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4 .....

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**I. What did the participants in these meetings decide to do after using the material?**

1 .....

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2 .....

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3 .....

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4 .....

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**J. On a scale of 1 to 5, how useful is this material to your organisation?** (PLEASE CIRCLE A NUMBER. 1 = "Very much"; 5 = "Not at all".)

1            2            3            4            5

**K. What are your future plans for using this and/or other *Stepping Stones* materials?**

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**L. If you have any other comments about this material, please write them here or on a separate sheet.**

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**DETAILS OF PERSON COMPLETING THIS QUESTIONNAIRE:**

NAME: .....

ORGANISATION: .....

ADDRESS: .....

COUNTRY: .....

TELEPHONE/FAX: .....

EMAIL ADDRESS: .....