

EVALUATION FORM

Date of Simulation: _____

Location: _____

Your Name (optional): _____

Your Organization (optional): _____

Directions:

Read each of the statements and rank your understanding before the simulation. Next, think about your understanding now after participating in the simulation.

Circle the appropriate number using the following key:

- 1 = no understanding
- 2 = little understanding
- 3 = moderate understanding
- 4 = quite a bit of understanding
- 5 = almost complete understanding

<i>How would you describe your understanding of the following?</i>	Before Training	After Training
1. The financial pressures faced by low-income families in meeting basic needs	1 2 3 4 5	1 2 3 4 5
2. The difficult choices people with few resources need to make each month when stretching a limited income	1 2 3 4 5	1 2 3 4 5
3. The difficulties in improving one's situation and becoming self-sufficient on a limited income	1 2 3 4 5	1 2 3 4 5
4. The emotional stresses and frustrations created by having limited resources	1 2 3 4 5	1 2 3 4 5
5. The positive and negative impact of the social service system on people with limited resources	1 2 3 4 5	1 2 3 4 5

On a scale of 1 - 10 (10 is high), what overall rating would you give the simulation experience?

1 2 3 4 5 6 7 8 9 10

Comments:

Over ⇨

What do you think was the most successful part of the simulation?

What do you think was the least successful part of the simulation?

Would you recommend the simulation experience to others? YES or NO

If YES, please identify the group(s) you think would benefit the most from the simulation.

If you would like to receive information about hosting a poverty simulation event, or if you would be interested in participating as a resource volunteer for poverty simulations taking place in your local area, please write your contact information below.

Your Contact Info:

Thank you for your participation!

