

**Evaluation for Strategy Meetings**

1. How did you hear about the Strategy Meeting?
2. Why did you decide to participate in the Strategy Meeting?

|  |
| --- |
| 1. Please indicate the extent to which you agree or disagree with the following statements:
 |
|  | Disagree | Slightly Disagree | Neither Disagree Nor Agree | Slightly Agree | Agree |
| 1. The strategy session was a good use of my time.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The recap of data, themes, and opportunities for action laid the groundwork for this meeting.
 |  |  |  |  |  |
| 1. Strategies were developed based off the data presented in the CREATE Academy.
 |  |  |  |  |  |
| 1. Strategies to support CREATE businesses were developed in this meeting.
 |  |  |  |  |  |
| 1. Strategies to support the CREATE workforce were developed in this meeting.
 |  |  |  |  |  |
| 1. A Plan of Action was clearly established in this meeting.
 | 1 | 2 | 3 | 4 | 5 |

1. What were the greatest strengths of this Strategy Meeting?
2. What do you believe could have made this Strategy Meeting better?
3. Do you have any other thoughts about the Strategy Meeting that you would like to share?

**Demographics**

1. What county do you live in?
2. Are you a member of the Regional Steering Committee?
* Yes
* No
1. If not, have you participated in other CREATE BRIDGES activities?
* Yes
* No
1. If yes, what activities?
* CREATE Forum
* Business Retention & Expansion (BRE) Survey
* Employee Perspectives Survey
* CREATE Academy
* Other
	+ If Other, please specify \_\_\_\_\_\_\_\_\_
1. Are you a business owner or manager in one of the CREATE sectors?
* Yes
* No
1. Are you employed?
* Yes
* No
1. What sector? (If Yes is selected)
* Education
* Retail
* Workforce
* Government
* Tourism
* Non-profit
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. If not employed, are you seeking employment?
* Yes
* No
1. What is your gender?
* Male
* Female
* Other/Prefer not to answer
1. What is your race? Check all that apply
* White
* Black or African American
* American Indian or Alaska Native
* Asian
* Native Hawaiian or Pacific Islander
* Two or more races
1. Are you Hispanic or Latino?
* Yes
* No
1. Are you a person with a disability?
* Yes
* No
1. Are you a veteran?
* Yes
* No
1. What is your age group?
* 13-18
* 19-24
* 25-55
* 56+
* Prefer not to answer

**Access the evaluation survey online:**