



### QCE Safe Space Affirming Ally Evaluation

Thank you for your participation in Safe Space. Your honest responses will provide valuable information for assessment of our programming.

**Please circle the most accurate responses below:**

**1. Which category best represents your race/ethnicity? Please circle:**

African American   Native American   Asian/Pacific Islander   Hispanic   White/Caucasian  
Multiracial   Choose not to answer   Other (please specify): \_\_\_\_\_

**2. Which category best represents your age? Please circle:**

18-24   25-30   31-35   36-40   41-45   46-50   51+   Choose not to answer

**3. Sex. Please circle all that apply:**

Male   Female   Intersex   Transgender   Choose not to answer  
Other (please specify): \_\_\_\_\_

**4. Please circle the word that best represents your sexuality:**

Heterosexual   Gay   Lesbian   Bisexual   Queer   Questioning  
Choose not to answer   Other (please specify): \_\_\_\_\_

**5. Which category best represents your role at your organization? Please Circle:**

Full-time faculty   Part-time faculty   Full-time staff   Part-time staff  
Student   Administrator/manager   Other: \_\_\_\_\_

**6. I have participated in training on LGBTQ diversity prior to this program. Please Circle:**

No  
Yes   Name of training: \_\_\_\_\_ Organization: \_\_\_\_\_

**7. List three terms or concepts that you learned in the workshop/s that you did not know before:**

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**Continued on the next page. . .**

Please indicate the extent to which you agree or disagree with the following statements.  
(Circle one number per row).

| <b>Statements:</b>  | <b>Strongly Agree</b> | <b>Agree</b> | <b>Neutral</b> | <b>Disagree</b> | <b>Strongly Disagree</b> |
|---|-----------------------|--------------|----------------|-----------------|--------------------------|
| 1.I know someone who is LGBTQ   | 1                     | 2            | 3              | 4               | 5                        |
| 2. I am confident in my ability to use appropriate language when discussing LGBTQ topics          | 1                     | 2            | 3              | 4               | 5                        |
| 3.I have a basic understanding of the history of the LGBTQ civil rights movement                  | 1                     | 2            | 3              | 4               | 5                        |
| 4.I understand concepts about LGBTQ identity development  | 1                     | 2            | 3              | 4               | 5                        |
| 5.I am confident in my ability to initiate dialogue about the LGBTQ community                     | 1                     | 2            | 3              | 4               | 5                        |
| 6.I am confident in educating others on how to support the LGBTQ community                        | 1                     | 2            | 3              | 4               | 5                        |
| 7.I feel prepared and knowledgeable enough to be a LGBTQ ally                                     | 1                     | 2            | 3              | 4               | 5                        |
| 8.I am familiar with resources for LGBTQ people   | 1                     | 2            | 3              | 4               | 5                        |
| 9. My facilitator/s seemed knowledgeable  | 1                     | 2            | 3              | 4               | 5                        |
| 10. My facilitator/s seemed prepared  | 1                     | 2            | 3              | 4               | 5                        |
| 11. My facilitator/s responded to participant comments and concerns appropriately and effectively | 1                     | 2            | 3              | 4               | 5                        |

13. What components of the workshop/s were most effective?

15. What components of the workshop/s were least effective?

16. Please list any additional issues or topics that you would have liked to discuss during the workshop/s.

17. What additional comments or concerns would you like to share?