

POST ASSESSMENT FORM

- 1) **Age Group:** 16-21 22-30 31-40 41-50 51-60 61-65 65+
- 2) **Highest Level of Education** Primary Secondary Technical/Vocational Tertiary None
- 3) **Sex:** Male Female
- 4) **Occupation Status:**
 Public Sector employee Private Sector employee Employer Unpaid Family Worker
 Own Account Worker (Self-employed without employees) NGO Worker Other: _____

5) **Parish of Residence:** _____

6) Based on the information presented at this workshop, how would rate your knowledge of the following concepts:

Rating	Excellent	Good	Satisfactory	Poor/Little	None
1) Democracy					
2) Good Governance					
3) Participatory Governance					
4) Fiscal Policy					
5) Participatory Budgeting					

- 7) Indicate how you participated in this workshop:
 Asked question(s) Made presentation/comments/contributions to discussion
 Assisted in organizing the workshop Involved in Role Play Gave suggestions about the Role Play
 Other: _____
- 8) Are you willing to actively participate in meetings/workshops/discussion groups focused on fiscal policy and/or participatory governance? YES (please indicate How below) NO (go to question 9)

<input type="checkbox"/> a. Get more information about fiscal policy/participatory governance	<input type="checkbox"/> b. Use information provided in the workshop
<input type="checkbox"/> c. Attend more workshops/discussions about fiscal policy/participatory governance	<input type="checkbox"/> d. Using social media
<input type="checkbox"/> f. Organizing meetings/discussion sessions	<input type="checkbox"/> e. Signing petitions
<input type="checkbox"/> h. Writing letters/articles/blogs	<input type="checkbox"/> g. Advocacy
	<input type="checkbox"/> i. Other: _____

- 9) Will you share the information presented today with friends/family or other persons in your community?
 YES NO

IF YOU WANT US TO INVITE YOU TO OTHER WORKSHOP EVENTS OR TO SHARE INFORMATION WITH YOU ABOUT PARTICIPATORY GOVERNANCE & FISCAL POLICY, PLEASE GIVE US YOUR NAME AND CONTACT INFORMATION BELOW.

NAME: _____ EMAIL ADDRESS: _____

TELEPHONE#s (LIME): _____ TELEPHONE #s (DIGICEL): _____

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