

## Collaboration and Communication Workshop Feedback

1. Are you:

Please select one

- International Student
- Home Student
- EU Student

2. Is this the first time you've engaged in a Nonviolent Communication workshop?

- Yes
- No
- Maybe

3. The workshop was enjoyable

Please select one

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. The material was presented in ways that were effective for my learning

Please select one

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**5. I felt challenged at times during the workshop**

Please select one

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

**6. Which aspects did you enjoy the most?**

Please place in order of preference

Listening for needs

The overview of Nonviolent Communication

Walking and noting

Something else

**7. In your own words, was there anything that stood out as challenging or enjoyable?****8. Do you feel comfortable talking about your feelings**

Please select one

- Very often
- Often
- Sometimes
- Rarely
- Never

9. I find collaborating with others on group work challenging

- All of the time
- Most of the time
- Sometimes
- Hardly ever
- Never

10. I'm comfortable telling other people what I want or value

- All the time
- Most of the time
- Sometimes
- Hardly ever
- Never

11. How likely are you to use today's methods in your college or professional interactions?

Please select one

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

12. How likely are you to use today's methods in your personal interactions?

Please select one

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

13. Did you prefer being in the studio or in other spaces for the activities?

Please select one

In the studio

In other spaces

14. In your own words, please describe any differences in your experience from being in the studio or outside the studio for today's workshop.

15. Do you have a specific learning difference?

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Select as many as apply to you

Dyslexia

Dyspraxia (DCD)

Attention Deficit Hyperactivity Disorder (ADHD)

Dyscalculia

16. Do you have an Independent Support Agreement (ISA) in place through Disability Services at UAL?

Yes

No

Not sure

17. If you would be willing to participate in a focus group to contribute more about your experience please enter your UAL email below:

The focus group will meet in-person once for 30-40 minutes

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