



53922

NYATEP/ NYS DOL
2010 Youth Academy
Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop # :
to Do's, About Gangs"

4	0	5
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Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention
Coordinator, Albany Police Department

- Please fill in the circles completely
- | | Agree Strongly | Agree Moderately | Neither Agree or Disagree | Disagree Moderately | Disagree Strongly | Not Applicable |
|--|---|-------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| 1. The workshop content was appropriate and understandable | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 2. The knowledge and or/skills gained from this workshop will help me perform my job more effectively. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 3. The presenter(s) were knowledgeable about the content. | <input checked="" type="radio"/> A +++ | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 4. The presenter(s) demonstrated excellent communication skills. | <input checked="" type="radio"/> A +++ | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 5. The presenter(s) allowed for and responded to questions. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 6. The materials were very helpful. | <input checked="" type="radio"/> A
video was amazing | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 7. The workshop was of overall high quality. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 8. I would like to see additional training in this subject area. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
| 9. The meeting space was comfortable. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

This was ~~one~~ the BEST workshops I have been to in 15+ years. "Cook" is AMAZING ... was an angel to our youth. He is a "must" for future events !!

NAME: _____ (optional)

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206

Video's & powerpoint were incredible - could have spent hours in this session!



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Definetly - needs will only increase with generational members

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Excellent + eye opening - good practical info for recognition purposes

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This ~~was~~ ^{was} a great and very informative workshop. Cook is a fantastic speaker and was very passionate about the topic of "gangs".

NAME: He ~~was~~ had great (optional)
videos and examples.

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As always - Thanks Cook

NAME: *Peggy Dellinck* (optional)

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*Great presentation, information that needs to be told me matter where you live.
Always open great to listen to very informative*

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Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention Coordinator, Albany Police Department

Please fill in the circles completely	Agree Strongly	Agree Moderately	Neither Agree or Disagree	Disagree Moderately	Disagree Strongly	Not Applicable
1. The workshop content was appropriate and understandable	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
2. The knowledge and or/skills gained from this workshop will help me perform my job more effectively.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
3. The presenter(s) were knowledgeable about the content.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
4. The presenter(s) demonstrated excellent communication skills.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
5. The presenter(s) allowed for and responded to questions.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
6. The materials were very helpful.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
7. The workshop was of overall high quality.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
8. I would like to see additional training in this subject area.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
9. The meeting space was comfortable.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

NAME: _____ (optional)

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206



53922

NYATEP/ NYSDOL
2010 Youth Academy
Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop # :
to Do's, About Gangs"

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Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention
Coordinator, Albany Police Department

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If you would like to see additional training, please specify: _____

It was great - I wish we could have had a whole day -

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

NAME: *Sandy Marshall* (optional)
Tr. Co. On Work Source

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206



NYATEP/ NYSDOL
2010 Youth Academy
 Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop # :
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NAME: _____ (optional)

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53922

NYATEP/ NYS DOL
2010 Youth Academy
Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What to Do's, About Gangs"

4 0 5

Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention Coordinator, Albany Police Department

- | Please fill in the circles completely | Agree Strongly | Agree Moderately | Neither Agree or Disagree | Disagree Moderately | Disagree Strongly | Not Applicable |
|--|------------------------------------|-------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| 1. The workshop content was appropriate and understandable | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
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| 9. The meeting space was comfortable. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |

If you would like to see additional training, please specify: I would like a full day training.

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.
I think this was the best presentation at the conference.

NAME: Eugenia Baricoppa (optional)

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If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

This was a GREAT presentation Thank you for all the work you do!

NAME: _____ (optional)

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206

NYATEP/ NYSDOL
2010 Youth Academy
Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What to Do's, About Gangs"

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If you would like to see additional training, please specify: _____

Thank you for the honest presentation

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

NAME: _____ (optional)



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Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop # :
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Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention
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If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

NAME: Terry Demas (optional)

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206



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Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What to Do's, About Gangs"

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If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

Keep up the good work! Very informative.

NAME: _____ (optional)

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Great Job, Best Workshop Ever

NAME: _____ (optional)

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EXCELLENT! Need to be on ALL MAJOR TV SHOWS / THE WORLD NEEDS TO HEAR!

NAME: _____ (optional)

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2. The knowledge and or/skills gained from this workshop will help me perform my job more effectively.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
3. The presenter(s) were knowledgeable about the content.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
4. The presenter(s) demonstrated excellent communication skills.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
5. The presenter(s) allowed for and responded to questions.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input checked="" type="radio"/> E	<input type="radio"/> F
6. The materials were very helpful.	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
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9. The meeting space was comfortable.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

NAME: _____ (optional)



53922

NYATEP/ NYSDOL
2010 Youth Academy
Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop #:
to Do's, About Gangs"

4	0	5
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Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention
Coordinator, Albany Police Department

Please fill in the circles completely	Agree Strongly	Agree Moderately	Neither Agree or Disagree	Disagree Moderately	Disagree Strongly	Not Applicable
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If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

Would love to see this or other more in depth gang related workshops in the future. This is reality of what we deal with daily

NAME: _____ (optional)

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206



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If you would like to see additional training, please specify: Yes -

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Excellent!

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- | Please fill in the circles completely | Agree
Strongly | Agree
Moderately | Neither
Agree or
Disagree | Disagree
Moderately | Disagree
Strongly | Not
Applicable |
|--|------------------------------------|-------------------------|---------------------------------|-------------------------|-------------------------|-------------------------|
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Excellent information!!!

NAME: _____ (optional)

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If you would like to see additional training, please specify: _____

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Thank you for the work you do

NAME: _____ (optional)

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NYATEP/ NYS DOL
2010 Youth Academy
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If you would like to see additional training, please specify: Excellent session! This would be good for all attendees to see

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics. Would like to have ~~shorter~~ a longer time period to allow for questions & discussion.

NAME: J. Leady (optional)

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Coordinator, Albany Police Department

Please fill in the circles completely	Agree Strongly	Agree Moderately	Neither Agree or Disagree	Disagree Moderately	Disagree Strongly	Not Applicable
1. The workshop content was appropriate and understandable	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
2. The knowledge and or/skills gained from this workshop will help me perform my job more effectively.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
3. The presenter(s) were knowledgeable about the content.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
4. The presenter(s) demonstrated excellent communication skills.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
5. The presenter(s) allowed for and responded to questions.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
6. The materials were very helpful.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
7. The workshop was of overall high quality.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
8. I would like to see additional training in this subject area.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F
9. The meeting space was comfortable.	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> F

If you would like to see additional training, please specify: score@nyft Youth Academy

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

This was the most information packed session of the conference

NAME: Maya Sue Torres (optional)

Please leave on site or return to: NYATEP, 175 Central Ave, Albany, NY 12206



53922

NYATEP/ NYSDOL
2010 Youth Academy
Workshop Attendee Evaluation Form

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Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop #:
to Do's, About Gangs"
Speaker(s): Ron "Cook" Barrett, Capital Region Gang Prevention
Coordinator, Albany Police Department

- | Please fill in the circles completely | Agree Strongly | Agree Moderately | Neither Agree or Disagree | Disagree Moderately | Disagree Strongly | Not Applicable |
|--|------------------------------------|-------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
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| ★ 3. The presenter(s) were knowledgeable about the content. | <input checked="" type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | <input type="radio"/> F |
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If you would like to see additional training, please specify: _____

Please make additional comments/or recommendations. Please feel free to include suggestions for future topics.

Excellent training !!

NAME: _____ (optional)

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NYATEP/ NYSDOL
2010 Youth Academy
 Workshop Attendee Evaluation Form

Workshop Title: "Gangs and You.....The Who's, What's, Why's and What Workshop # :
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- | Please fill in the circles completely | Agree
Strongly | Agree
Moderately | Neither
Agree or
Disagree | Disagree
Moderately | Disagree
Strongly | Not
Applicable |
|--|------------------------------------|-------------------------|---------------------------------|-------------------------|-------------------------|-------------------------|
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Should be provided every yr.

NAME: _____ (optional)

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