KEHA Transition Meeting 2026
Evaluation Form

Your help is needed in providing vital feedback on the program you have just completed. Please take a moment to complete this survey.

Level of Understanding or Ability

For each of the topics below, in the MIDDLE column, circle the one number that best reflects your level of understanding or ability BEFORE the program. Then, in the RIGHT column, circle the one number that best reflects your level of understanding or ability AFTER the program.

Poor=1, Average =2, Good=3, Excellent=4

	BEFORE **the Program**	***AFTER*** **the Program**
I understand KEHA officer and chairperson roles and responsibilities.	**1 2 3 4**	**1 2 3 4**
I understand how to develop a KEHA educational chairperson program of work.	**1 2 3 4**	**1 2 3 4**
I understand the KEHA reporting process.	**1 2 3 4**	**1 2 3 4**
I am aware of important dates during the KEHA year.	**1 2 3 4**	**1 2 3 4**

Learning Outcomes

Check whether the following are true as a result of the program.

	Yes	**No**
Participating in this lesson improved my leadership skills.		
Participating in this lesson increased my confidence in my leadership abilities.		

Intentions for Behavior Change

Check whether you plan to change the following behaviors as a result of the program.

	Yes	**No**
I plan to draft a program of work (chairperson) or leadership plan (state officer).		
I plan to use what I learned today to fulfill my leadership role on the state board.		

Impact

What is the most significant thing from this program you will apply to your life? (Feel free to list more than one.)

Please list additional comments below or on the back of this page. Thank you for your time.