



Participant Evaluation of Vision Quilt Workshop

VISIONQUILT

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Name _____
(optional)

THANK YOU for your participation in the Vision Quilt workshop!

Think about your experience with the Vision Quilt Project in this workshop. Circle the idea that comes closest to your thoughts/feelings about the Vision Quilt Project.

1. Please circle the answer that reflects how well the Vision Quilt Project helped you think about preventing gun violence?
not at all a little quite a bit a great deal not sure

2. Please circle the answer that reflects how well the Vision Quilt Project helped you be in touch with your feelings about gun violence?
not at all a little quite a bit a great deal not sure

3. What did you learn from the Vision Quilt Project?

4. What inspired you? What touched your heart?

5. What is one thing you will do to prevent gun violence?

6. What did you like about making your Vision Quilt panel?

7. How could we improve the Vision Quilt experience?

8. Comments: Please use back side of this paper if needed.

9. How would you rate the overall Vision Quilt Workshop?

1	2	3	4	5
Terrible	Poor	Okay	Good	Excellent

Thank you for your participation in the National Vision Quilt Project to Prevent Gun Violence.

THANKS FOR COMPLETING THIS SURVEY! YOUR CONTRIBUTION IS VERY IMPORTANT.