



School Name: \_\_\_\_\_

Date: \_\_\_\_\_

## FAST Team Self-Evaluation

**In order to learn more about how the FAST team functioned, we ask that each team member complete this survey after graduation. Responses to this survey are confidential.**

How strongly do you agree or disagree with the following?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
<b>TEAM DYNAMICS (INTERPERSONAL RELATIONSHIPS)</b>					
1. Team members can speak freely.	<input type="checkbox"/>				
2. All team members feel a part of the team.	<input type="checkbox"/>				
3. The team and its individual members have grown, personally and professionally.	<input type="checkbox"/>				
4. The team uses the talents, skills, and experiences of its members.	<input type="checkbox"/>				
5. Mistakes are seen as a source of learning.	<input type="checkbox"/>				
6. All team members are encouraged to participate in decision making.	<input type="checkbox"/>				
7. Conflict is not suppressed.	<input type="checkbox"/>				
8. Team members are allowed to express negative feelings.	<input type="checkbox"/>				
9. Team members manage confrontation within the team.	<input type="checkbox"/>				
10. Conflict resolution is seen as a way to improve team performance.	<input type="checkbox"/>				
<b>YOUR VIEW OF THE FAST TEAM</b>					
11. My team has confidence in itself.	<input type="checkbox"/>				
12. My team believes it can produce high-quality work.	<input type="checkbox"/>				
13. My team feels it can solve any problem it encounters.	<input type="checkbox"/>				
14. My team believes it can be very productive.	<input type="checkbox"/>				

How strongly do you agree or disagree with the following?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
15. My team can get a lot done.	<input type="checkbox"/>				
16. No task is too difficult for my team.	<input type="checkbox"/>				
17. There are enough members on the FAST Team to meet the needs of the program participants.	<input type="checkbox"/>				
<b>YOUR ROLE IN THE FAST TEAM</b>					
18. I can comfortably handle all the tasks I need to get done during a FAST session.	<input type="checkbox"/>				
19. I feel personally responsible for the quality of FAST sessions.	<input type="checkbox"/>				
20. The training I have received allows me to do the FAST session well.	<input type="checkbox"/>				
21. I knew how my skills would be applied on the FAST Team.	<input type="checkbox"/>				
22. The work I do as a FAST Team member is important.	<input type="checkbox"/>				
23. FAST gives me a strong sense of accomplishment.	<input type="checkbox"/>				
24. I have the resources and materials I need to do my job right.	<input type="checkbox"/>				
<b>RELATIONSHIP WITH PARENTS</b>					
25. Team members and parents are friendly with each other.	<input type="checkbox"/>				
26. Team members treat parents with respect.	<input type="checkbox"/>				
27. Team members let parents be the focus of the program.	<input type="checkbox"/>				
28. Team members give parents the opportunity to care for their children.	<input type="checkbox"/>				
29. Team members give parents the opportunity to discipline their children.	<input type="checkbox"/>				
30. Parents rely on other parents more than on the team members.	<input type="checkbox"/>				

Sources: Adapted from Karen Spahn, RN, CAN, MSA, January 2000; CHPPE 2002; Cristina B Gibson, et al., March 2000

**Please share any information regarding your experience as a team member that would assist us to better understand how you feel about the following:**

**Team Dynamics:**

**Your view of the FAST team:**

**Your role on the team:**

**Your opinion regarding team members' relationships with parents:**

**Your opinion about how the program was administered (by agency representatives or any other administrators):**

**Your opinion about the role of the school in this project:**

**Were there events that occurred within the school, community, or otherwise that may have had an impact on the FAST implementation in any way?**

**Other Comments:**