

Chairperson Training— Commitment to Change

Course (Place/Date):

As a result of your participation in this program, will you make changes in your role being a chair?

☐ Yes ☐ No ☐ Uncertain

If Yes

If yes, please specify one change you will make:

With one being the lowest level of commitment and 5 being the highest, please circle the number that most accurately indicates your commitment to successfully implement the change you specified:

☐ 1 (lowest) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (highest)

If No

If you answered “no”, please explain why you will make no change as a result of participating in the session:

If Uncertain

If you indicated uncertainty about making a change, please describe the causes of your uncertainty:

(Optional)

Name (PRINT):

Signature:

Thank you for your contribution.