

# Work Your Image! Participant Evaluation

---

Please help us improve the Work Your Image! program by sharing your feedback with us. Once you've completed the survey please give it to your instructor to be returned to Women Work!

**What are the three most important things you learned from Work Your Image!?**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Did you share Work Your Image! information with others? If so, what did you tell them?**

\_\_\_\_\_

\_\_\_\_\_

**Do you feel more prepared to present a professional appearance in the workplace?**

\_\_\_\_\_

\_\_\_\_\_

**After completing Work Your Image!, do you feel more confident?**

\_\_\_\_\_

\_\_\_\_\_

**What circumstances led you to seek services here?**

\_\_\_\_\_

\_\_\_\_\_

**Has Work Your Image! helped you overcome these circumstances?**

---

---

**How would you rate the usefulness of each part of the Work Your Image! program?**

	least useful	→	→	→	→	→	→	→	→	→	most useful	
Clothing for the job search	1	2	3	4	5							NA
Make up tips	1	2	3	4	5							NA
Caring for your cosmetics	1	2	3	4	5							NA
Hair care	1	2	3	4	5							NA
Skin care	1	2	3	4	5							NA
Caring for your nails	1	2	3	4	5							NA
Hand washing	1	2	3	4	5							NA
A clean and healthy mouth	1	2	3	4	5							NA
Get a good night sleep	1	2	3	4	5							NA
Body language	1	2	3	4	5							NA
Personal care <i>worksheet</i>	1	2	3	4	5							NA
Personal care <i>tip sheet</i>	1	2	3	4	5							NA
Family care <i>tip sheet</i>	1	2	3	4	5							NA

---

**If you'd like to be contacted to provide more feedback please provide:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ email \_\_\_\_\_

**Thanks for your feedback!**