



Finalizing the Plan

Region Name: _____

Today's Date: _____

Training Location: (town, county, state)

Please indicate how useful this module was to your regional strategic effort.

Major Topics	Not Useful	Not Very Useful	Somewhat Useful	Fairly Useful	Very Useful
Identifying the Region's Outcomes: ABC's (Attitude, Behavior, Condition changes)					
Identifying Strategies to Meet SMART Goals					
Developing a Plan to Track Progress and Adjust the Plan if Necessary					
Developing a Plan of Action					

What might we do to improve this session?

What is your most significant take-away from this session?



Post-Session Participant Information

Region Name:

Today's Date: _____

Training Location: (town, county, state)

Please indicate your level of knowledge change in the areas below as a result of your attending today's workshop / presentation:

Item	No Change	Slight Change	Moderate Change	Considerable Change	Greatly Expanded
Building a regional partnership that includes the right mix of partners					
Examining current demographics of region and applying these to the development of regional goals					
Identifying regional competitive advantage through an exploration of regional industrial clusters					
Aligning regional goals with the region's competitive advantages					
Exploring regional assets and barriers related to the region's economic advantages					
Establishing SMART goals					
Designing a High Quality Economic Development Plan					
Using appropriate measures to help ensure the success of regional initiative					

What has been the most significant impact of the SET Process on your work?

What suggestions do you have for improving the SET Process?



Post-Session Participant Information

Please place an "X" in the box that shows how useful each module was to you.

Session	Not Useful	Not Very Useful	Somewhat Useful	Fairly Useful	Very Useful	Did Not Attend
Civic Forum						
SET Overview and Exploration of Regional Data (Clusters and Workforce)						
Evidence-Based Planning (Detailed Cluster Evaluation & CARE Model)						
Connecting Capitals (Assets and Barriers)						
Finalizing the Plan (Planning Chart, Measures, Plan of Action)						
Other Modules: (title)						
Other Modules: (title)						

What additional topics or technical assistance would be of value to your team or future participants of the SET program?



Post-Session Participant Information

Voluntary Demographic Information

We want to make sure that we are presenting our programs to a wide range of participants. Please complete this *Voluntary Demographic Information*. This information will not be used to identify any program participants. It will be used only to identify our audiences in general.

I live in _____ County _____ State

Years working in economic development or related field:

- ___ under 1
 - ___ 1-5
 - ___ 6-10
- ___ 11-15
 - ___ 16-20
 - ___ over 20

Work Environment:

Which one of the following best describes your primary affiliation:

- ___ local government (City, County, Parish)
- ___ state government
- ___ federal government
- ___ educational institution
- ___ private sector
- ___ non-government organization
- ___ non-profit organization
- ___ economic development
- ___ other (please specify) _____

<p>RACE</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>	<p>Are you of Hispanic/Latino origin?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>GENDER</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>AGE</p> <p><input type="checkbox"/> Under 18</p> <p><input type="checkbox"/> 18-24</p> <p><input type="checkbox"/> 25-44</p> <p><input type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 65+</p>
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