

**Wisconsin State Public Defender
Racial Bias Discussion Circle
Evaluation Form**

Leave completed form in the room
Or fax it to Peter Anderson in Training Division 608-267-0584

Date: _____

Location: _____

Select one (optional): _____ Investigator _____ Attorney _____ Support Staff
_____ Client Services Specialist _____ Other (specify): _____

How many years have you been an employee with the SPD? ____ Years

1. Did we create a safe space for you to talk about race?
(Circle your answer on this scale of 1 – 10.)

Not at all safe 0 1 2 3 4 5 6 7 8 9 10 Completely safe

Comments (optional):

2. Did you learn more about your own personal feelings concerning race and bias?
(Circle your answer on this scale of 1 – 10.)

Learned nothing new 0 1 2 3 4 5 6 7 8 9 10 Learned an amazing amount

Comments (optional):

3. What are you taking with you from this experience?

4. What surprised you about this experience?

5. Did you have an “ah-ha” moment?

6. What do you think would be a good next step?

Thank you for evaluating this program!