

NU Transgender Ally: Pre Training

A Program of the Lesbian, Gay, Bisexual and Transgender Resource Center at Northwestern University

Thank you for your participation in the Transgender Ally program. Your completion of this survey will provide critical feedback.

Please Circle below:

1. Which category best represents your US Ethnic Group?

Please Circle:

African American

Native American

Asian

Hispanic

White/Caucasian

Multiracial

Choose not to answer

Other (please specify):

2. Which category best represents your age? Please Circle:

18 years of age or younger

19-24

25-30

31-35

36-40

41-45

46-50

51+

Choose not to answer

3. Gender. Please Circle:

Male

Female

Transgender

Choose not to answer

Other (please specify):

4. Sexual Orientation. Please Circle:

Straight

Gay

Lesbian

Bisexual

Choose not to answer

Other (please specify):

5. I have previously received training on LGBT issues prior to this program. Please Circle:

Yes

No

Please indicate the extent to which you agree or disagree with the following statements. (Circle one number per row).

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.I know someone who is Transgender	1	2	3	4	5
2.I have spent time thinking about my own Gender Identity & Gender Expression	1	2	3	4	5
3.I am confident in my ability to use appropriate language when discussing Transgender topics	1	2	3	4	5
4.I have a basic understanding of the history of the Transgender civil rights movement	1	2	3	4	5
5.I understand concepts about Transgender identity development	1	2	3	4	5
6.I recognize there may differences between my own identity and those identities of other individuals	1	2	3	4	5
7.I respect the differences between myself and other individuals	1	2	3	4	5
8.It is important to educate myself about issues in the Transgender community	1	2	3	4	5
9.I am confident in my ability to initiate dialogue about the Transgender community	1	2	3	4	5
10.I am confident in educating others on how to support the Transgender community	1	2	3	4	5
11.I am prepared and knowledgeable to be a Transgender ally	1	2	3	4	5
12.I am familiar with resources for Transgender people on campus and in the community	1	2	3	4	5
13.I support the Transgender community	1	2	3	4	5

What do you expect to learn during the training session?

NU Transgender Ally: Post Training

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Please indicate the extent to which you agree or disagree with the following statements. (Circle one box per row).

Statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.I know someone who is Transgender	1	2	3	4	5
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11.I am prepared and knowledgeable to be a Transgender ally	1	2	3	4	5
12.I am familiar with resources for Transgender people on campus and in the community	1	2	3	4	5
13.I support the Transgender community	1	2	3	4	5

If you are a student, please tell us about your campus involvement. Are you a member of a student organization (i.e., group recognized by ASG, Fraternity/Sorority, club, etc.) at NU?

What components of the training session were most effective?

What components of the training session were least effective?

Are there additional issues or topics you wanted to discuss during your training?

Do you have additional comments for or about the facilitators?