

# ABC Everyday Numbers learner survey



Your answers on this survey will help us understand where we're making a difference and how we can do better. Answer only the questions you're comfortable with. We'll keep all of your answers private.

## 1. Which ABC Everyday Numbers workshop did you take?

- Playing with patterns
- Multiply without memorizing
- Workbook 3
- Workbook 4
- Workbook 5

## 2. What organization did you take this workshop with?

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## 3. Circle a number to show how satisfied you were with the workshop (1=Not satisfied, 5= Very satisfied):

Not Satisfied			Very Satisfied	
1	2	3	4	5

## 4. Would you recommend this workshop to others?

- Yes
- No
- Maybe
- Don't know

5. Circle a number to show how much you agree with the following statements  
(1=Disagree to 5=Agree):

	Disagree			Agree	
This workshop helped me feel good about my math skills.	1	2	3	4	5
Because of this workshop I feel more confident about working with numbers.	1	2	3	4	5
Because of this workshop, I know where I can go to learn more about math and numbers.	1	2	3	4	5
Because of this workshop, I plan to build my math and numbers skills.	1	2	3	4	5

6. What are the three most important or useful things you learned in this workshop?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

7. What was your favourite thing about this workshop?

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8. How can we make this workshop better?

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**Have you already answered questions 9-14 in another workshop? You can stop here. Thank you!**

9. How many *ABC Everyday Numbers* workshops are you taking?

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10. Which province or territory do you live in?

- |  |  |
|--|--|
| <input type="checkbox"/> British Columbia          | <input type="checkbox"/> Nova Scotia           |
| <input type="checkbox"/> Alberta                   | <input type="checkbox"/> Prince Edward Island  |
| <input type="checkbox"/> Saskatchewan              | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Manitoba                  | <input type="checkbox"/> Nunavut               |
| <input type="checkbox"/> Ontario                   | <input type="checkbox"/> Yukon Territory       |
| <input type="checkbox"/> Quebec                    | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> New Brunswick             | <input type="checkbox"/> Prefer not to say     |
| <input type="checkbox"/> Newfoundland and Labrador |  |

11. Your age:

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> 41 to 50 |
| <input type="checkbox"/> 21 to 30 | <input type="checkbox"/> 51 to 60 |
| <input type="checkbox"/> 31 to 40 | <input type="checkbox"/> Over 60  |

12. Your gender identity:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Man        | <input type="checkbox"/> Two-Spirit        |
| <input type="checkbox"/> Woman      | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say |

13. Your first language:

- English
- French
- Indigenous language: \_\_\_\_\_
- Other: \_\_\_\_\_

14. Check all the groups that you identify as a member of:

- Member of a visible minority group  
in Canada (non-white)
- Newcomer to Canada
- First Nations
- Inuit
- Métis
- Person with a disability
- Prefer not to say
- Other: \_\_\_\_\_

