

# Let Freedom Swing Post-Survey: Group Leader

Please carefully answer these questions. These will help us to mold and shape future sessions for *Let Freedom Swing (LFS)* while also providing our funders with feedback about the program's effectiveness.

1) Name: \_\_\_\_\_

2) Name of group that participated in *LFS* session:  
\_\_\_\_\_

3) Type of group that participated in *LFS* session (i.e. church group, community group, summer camp, etc.):  
\_\_\_\_\_

4) \_\_\_\_\_ learned something new about jazz today.

- Myself (I)*
- My group members*
- Neither*

5) \_\_\_\_\_ learned something new about democracy today.

- Myself (I)*
- My group members*
- Neither*

6) If you do not play an instrument, did *LFS*'s session encourage you to learn?

- Yes*
- No*
- I play an instrument.*

7) *LFS* positively impacted \_\_\_\_\_ interest in jazz music.

- My*
- My group members'*
- Neither*

8) Do you believe your group members would like to learn more about jazz history similar to what was covered in *LFS*?

- Yes*
- No*

If so, what type(s) of jazz history would do you believe that they would be interested in learning more about? (General, specific styles, specific artists, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Rate the degree to which you believe that your group members who participated in *LFS* currently understand the following subjects/concepts:

	<i>No knowledge</i>	<i>Low level</i>	<i>Medium level</i>	<i>High level</i>	<i>Expert</i>	<i>Don't know</i>
Music (Overall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (Jazz Specifically)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to Analyze Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture/Cultural Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Democracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) Would you recommend a colleague have their group attend a session for *LFS*?

Yes

No

11) Would you be interested in hosting additional *LFS* sessions?

Yes

No

12) Tell us what you think. Please feel free to share any thoughts you have about our session. (What rocked, what didn't, suggestions, etc.)

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13) If you would like us to contact you to discuss your responses or if you are interested in discussing a future session of *LFS*, please give us your contact information below and we will be in touch shortly.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for filling out our survey!**