

**ATTACHMENT A**

**FASD EVENT PRE-TEST FORM (TRAININGS)**

## SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

### FASD Event Pre-Test Form



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to gather information to adequately assess the effectiveness of our services. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

<b>Name of Event:</b> <b>Location of Event:</b> <b>Event Code:</b>	<b>Date of Event:</b>
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SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about today's training, but will not be able to identify your name or any other information about you. In order to match the pre-training, post-training, and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_      **First letter in mother's maiden name:** \_\_\_\_  
**First letter in the city of your birth:** \_\_\_\_      **First letter in the state of your birth:** \_\_\_\_  
**First letter in your first name:** \_\_\_\_

Feel free to use the back of the page if you need more room for written comments.

1. **What is your gender?**                       Male                       Female
  
2. **Are you Hispanic or Latino?**                       Yes                       No
  
3. **How would you describe your racial background?** *(Check all that apply.)*

<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White		
  
4. **What is the highest level of education you have completed?** *(Choose highest level only.)*

<input type="checkbox"/> Less than high school	<input type="checkbox"/> High school or equivalent	<input type="checkbox"/> Associate's	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Other post-doctorate	
  
5. **Please indicate what field you are in. We have left room next to each choice for you to briefly describe that experience.** *(Check all that apply.)*

<input type="checkbox"/> Person living with an FASD	<input type="checkbox"/> Medical/Health Services
<input type="checkbox"/> Direct Caregiver (e.g., parent, grandparent)	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Adult Justice	<input type="checkbox"/> Public Health
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Research
<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Retail
<input type="checkbox"/> Education	<input type="checkbox"/> Social Services
<input type="checkbox"/> Government	<input type="checkbox"/> Student
<input type="checkbox"/> Housing	<input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Vocational Services
<input type="checkbox"/> Media	<input type="checkbox"/> Other

**6. Please indicate whether each of the following statements is false or true. (Check one box on each line.)**

	<b>True</b>	<b>False</b>
FASD is a diagnosis used for individuals who were exposed prenatally to alcohol	<input type="checkbox"/>	<input type="checkbox"/>
The majority of individuals with an FASD have mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Fetal alcohol syndrome is a childhood disorder	<input type="checkbox"/>	<input type="checkbox"/>
It is important to have a lot of stimulation in a classroom for a child with an FASD	<input type="checkbox"/>	<input type="checkbox"/>
In order to get a diagnosis of ARND, a person must have some of the facial features of FAS	<input type="checkbox"/>	<input type="checkbox"/>
The corpus callosum is often damaged by prenatal alcohol exposure	<input type="checkbox"/>	<input type="checkbox"/>
There is no confirmed safe amount of alcohol to use during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Verbal receptive language is less impaired than verbal expressive language in individuals with an FASD	<input type="checkbox"/>	<input type="checkbox"/>
If a father drinks heavily before conception but the mother doesn't drink during pregnancy, a baby can still be born with FAS	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the brain due to prenatal alcohol exposure can cause some of the behaviors seen in FASD	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you!**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 5 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**ATTACHMENT B**

**FASD EVENT POST-TEST FORM (TRAININGS)**

## SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

### FASD Event Post-Test Form



The purpose of this form is to gather information to adequately assess the effectiveness of our services. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

<b>Name of Event:</b> <b>Location of Event:</b> <b>Event Code:</b>	<b>Date of Event:</b>
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SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about today's training, but will not be able to identify your name or any other information about you. In order to match the pre-training, post-training, and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_      **First letter in mother's maiden name:** \_\_\_  
**First letter in the city of your birth:** \_\_\_      **First letter in the state of your birth:** \_\_\_  
**First letter in your first name:** \_\_\_

*Feel free to use the back of the page if you need more room for written comments.*

**1. Please indicate whether each of the following statements is false or true. (Check one box on each line.)**

	True	False
It is important to have a lot of stimulation in a classroom for a child with an FASD	<input type="checkbox"/>	<input type="checkbox"/>
Verbal receptive language is less impaired than verbal expressive language in individuals with an FASD	<input type="checkbox"/>	<input type="checkbox"/>
There is no confirmed safe amount of alcohol to use during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
The corpus callosum is often damaged by prenatal alcohol exposure	<input type="checkbox"/>	<input type="checkbox"/>
If a father drinks heavily before conception but the mother doesn't drink during pregnancy, a baby can still be born with FAS	<input type="checkbox"/>	<input type="checkbox"/>
The majority of individuals with an FASD have mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
In order to get a diagnosis of ARND, a person must have some of the facial features of FAS	<input type="checkbox"/>	<input type="checkbox"/>
Fetal alcohol syndrome is a childhood disorder	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the brain due to prenatal exposure can cause some of the behaviors seen in FASD	<input type="checkbox"/>	<input type="checkbox"/>
FASD is a diagnosis used for individuals who were exposed prenatally to alcohol	<input type="checkbox"/>	<input type="checkbox"/>

## **Thank you!**

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**ATTACHMENT C**

**FASD EVENT FEEDBACK FORM (TRAININGS)**



# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## FASD Event Feedback Form



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to obtain your feedback on this event. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

**Name of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Event Code:** \_\_\_\_\_

SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about today's training, but will not be able to identify your name or any other information about you. In order to match the pre-training, post-training, and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_

**First letter in mother's maiden name:** \_\_\_\_

**First letter in the city of your birth:** \_\_\_\_

**First letter in the state of your birth:** \_\_\_\_

**First letter in your first name:** \_\_\_\_

*Feel free to use the back of the page if you need more room for written comments.*

**1. Please rate your satisfaction with each of the following aspects of today's training. (Check one box on each line.)**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. Quality of the information you received <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relevance of the information to your work <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Organization of the training <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Opportunity for questions/discussion <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Handouts or materials <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Please use the following scale to rate [SPEAKER A]. (Check one box on each line.)**

	Poor	Fair	Good	Excellent	NA
a. Overall quality of speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm for subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of examples/clarifying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Willingness/capacity to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sensitivity of speaker to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please use the following scale to rate [SPEAKER B]. (Check one box on each line.)**

	Poor	Fair	Good	Excellent	NA
a. Overall quality of speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm for subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of examples/clarifying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Willingness/capacity to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sensitivity of speaker to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Please use the following scale to rate [SPEAKER C]. (Check one box on each line.)**

	Poor	Fair	Good	Excellent	NA
a. Overall quality of speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm for subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of examples/clarifying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Willingness/capacity to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sensitivity of speaker to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. How successful was this training in meeting the following objectives? (Check one box on each line.)**

	Not Very Successful	Somewhat Successful	Mostly Successful	Very Successful
a. Define the term FASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify typical difficulties many people with an FASD have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe person first language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Discuss methods to prevent FASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6a. What were the most helpful features of today's training?**

**6b. What were the least helpful features of today's training?**

7. In what ways could this training be improved?

8. How much new information or ideas did you receive in the training? (Check one.)

- No New Information/Ideas                       A Little New Information/Ideas  
 Some New Information/Ideas                       A Lot of New Information/Ideas

9. How much did the information you received today reinforce what you thought or knew?

- Not At All                       A Little                       Some                       A Lot

10. How likely are you to use the information or ideas that you received in the training? (Check one.)

- Not At All Likely                       Not Very Likely                       Somewhat Likely                       Very Likely

11. Overall, how satisfied are you with today's training? (Check one.)

- Very Dissatisfied                       Somewhat Dissatisfied                       Somewhat Satisfied                       Very Satisfied

12. What other topics related to FASD would be of most interest to you?

13. Please write in any additional comments or suggestions that you may have.

**Thank you!**

collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**ATTACHMENT D**

**FASD TRAINING FEEDBACK SURVEY (TRAININGS)**

## SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

### FASD Training Feedback Survey



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to obtain your feedback on this event. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

**Name of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Event Code:** \_\_\_\_\_

SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about the event, but will not be able to identify your name or any other information about you. In order to match the pre-training, post-training, and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_ **First letter in mother's maiden name:** \_\_\_\_

**First letter in the city of your birth:** \_\_\_\_ **First letter in the state of your birth:** \_\_\_\_

**First letter in your first name:** \_\_\_\_

Thank you for agreeing to provide us with feedback on the recent FASD event in which you participated.

**1. How useful have the information/ideas/skills that you received in the event been to you?**

- Not at All Useful     Not Very Useful     Somewhat Useful     Very Useful

Comments:

**2. To what extent have the information/ideas/skills covered in the training been fully implemented?**

- Fully     Partially     Not yet begun

a. If "fully" or "partially," could you provide us with an example of how you have been able to do so?

b. If "not yet begun," do you intend to implement the information/ideas/skills covered in the training in the future?

- Yes     No

c. Have there been any barriers to implementing the information/ideas/skills that you received in the training?

If "yes," please describe.

- Yes     No

**3. To what extent have the information/ideas/skills that you received improved your capacity to provide effective prevention services?**

- Not at All       Not Very Much       Somewhat       A Great Deal       Not Applicable

**4. To what extent have the information/ideas/skills that you received improved your capacity to provide effective treatment services?**

- Not at All       Not Very Much       Somewhat       A Great Deal       Not Applicable

**5. To what extent have the information/ideas/skills that you received improved your day-to-day interactions with people with an FASD and their families?**

- Not at All       Not Very Much       Somewhat       A Great Deal       Not Applicable

**6. Feel free to add any additional information on how such service could be improved in the future.**

**Thank you!**

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## SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

### FASD Event Follow-up Protocol



**NOTE:** This process will be automated as part of the FASD Event Database. The OMB control number and burden statement will appear on the first web page of the form.

#### E-MAIL INVITATION:

At the SAMHSA FASD Center for Excellence, we are continually working to improve our services. To that end, we would like your feedback on a recent FASD event in which you participated – the *<name and description of event>* held in *<location of event>*.

To provide your valuable feedback, simply click on the link below while you are connected to the Internet and a new feedback browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey: *<link to feedback survey>*

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, click on the link below to arrange an interview.

Click on this link if you would rather provide your feedback through an interview:

*<link to interview page>*

If you would prefer not to participate, click on the link below.

Click on this link if you would prefer not to participate: *<link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the SAMHSA FASD Center for Excellence

#### INTERVIEW PAGE:

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, please call the Center at 1-866-786-7327 (1-866-STOPFAS) and state that you are responding to the event follow-up.

If you would prefer not to participate, click on the link below.

*Click on this link if you would prefer not to participate: <link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the Center at 1-866-786-7327.

#### OPT-OUT PAGE:

If you would prefer not to provide feedback on the FASD event, please check the box below and hit the submit button. Your information will be entered into our system and you will not receive further contacts about this service.

I would prefer not to provide feedback at this time



## REMINDER E-MAIL MESSAGE TO NON-RESPONDENTS (Trainings)

Dear Colleague,

Our records indicate that we have not yet received your feedback about a recent FASD Center for Excellence event, <name of event>, in which you participated. It is important for us to obtain information from all event participants in order to ensure that future FASD services meet your needs.

Providing your feedback is easy. Simply click on the link below while you are connected to the Internet and a new browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey: <link to feedback survey>

- If you would rather provide your feedback through an interview instead of completing the brief on-line survey, please call the Center at 1-866-786-7327 (1-866-STOPFAS) and state that you are responding to the event follow-up.
  
- If you would prefer not to participate, click on the link below.

*Click on this link if you would prefer not to participate: <link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact <name of contact person> at the FASD Center for Excellence at 1-866-786-7327.

**ATTACHMENT E**

**PRE-MEETING FORM (INFORMATIONAL MEETINGS FOR FIELD TRAINERS)**

# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## Pre-Meeting Form (Field Trainers)



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to gather information to adequately assess the effectiveness of our services. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

**Name of Meeting:** \_\_\_\_\_

**Location of Meeting:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

**Meeting Code:** \_\_\_\_\_

SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about today's meeting, but will not be able to identify your name or any other information about you. In order to match the pre-, post- and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_ **First letter in mother's maiden name:** \_\_\_\_

**First letter in the city of your birth:** \_\_\_\_ **First letter in the state of your birth:** \_\_\_\_

**First letter in your first name:** \_\_\_\_

1. **What is your gender?**  Male  Female
2. **Are you Hispanic or Latino?**  Yes  No
3. **How would you describe your racial background? (Check all that apply)**  
 American Indian  Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White
4. **What is the highest level of education you have completed? (Choose highest level only.)**  
 Less than high school  High school or equivalent  Associate's  Bachelor's  
 Master's  Doctorate  Other post-doctorate
5. **How long have you worked in a field in which you encounter FASD?**  
 Under 1 year  1-5 years  6-10 years  11-15 years  Over 15 years  Not Applicable
6. **How long have you been providing training in FASD?**  
 Under 1 year  1-5 years  6-10 years  11-15 years  Over 15 years  Not Applicable
7. **Estimate the number of people who received training from you in the previous 12 months.** \_\_\_\_\_
8. **Please indicate the primary setting in which you deliver training. (Please check one box.)**  
 Adult Justice  Private Practice  
 Educational Institution  Research Organization  
 Inpatient Facility (Acute)  Residential Facility (Long-term)  
 Juvenile Justice  Social Service Agency  
 Outpatient  State/Local Government  
 Outreach  Other: specify \_\_\_\_\_
9. **Do you primarily provide training in Tribal settings?**  
 Yes Please specify: \_\_\_\_\_  
 No

**10. Have you ever provided clinical services in a professional capacity to someone with an FASD?**

- Yes Please specify: \_\_\_\_\_
- No

**11. Describe the extent to which you agree or disagree with the following statements. (Check one box on each line.)**

	<i>Strongly Disagree</i>	<i>Somewhat Disagree</i>	<i>Somewhat Agree</i>	<i>Strongly Agree</i>	<i>NA</i>
I feel confident that the information in my presentation is current (i.e., post-2007).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident about my presentation skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updated training on FASD is a valuable investment of my time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of this session will apply to most of my training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**12. Please answer the questions below to the best of your ability.**

- A. What are the three components necessary for diagnosing FAS?
  - a. low set ears, a smooth philtrum, and a thin upper lip
  - b. flat midface, smooth philtrum, and a thin upper lip
  - c. smooth philtrum, short palpebral fissures, and a thin upper lip
  - d. short palpebral fissures, smooth philtrum, and a small jaw
- B. Which of the following is NOT an appropriate strategy for helping a child with an FASD succeed in a school setting?
  - a. Consistency in activities and times
  - b. Utilizing a level or point system
  - c. Limiting or eliminating homework that needs to be done at home
  - d. Reducing stimuli in the classroom
- C. Misdiagnosis of an FASD can result in:
  - a. Inappropriate interventions being put in place
  - b. Expectations of the ability to follow multiple directions
  - c. View that behavior is purposeful
  - d. All of the above
- D. Which of the following tends to be the most impaired in individuals with an FASD?
  - a. Immediate or working memory
  - b. Long term memory
  - c. Retrospective memory
  - d. All memory
- E. Individuals with an FASD learn best by:
  - a. Being told what to do
  - b. Modeling the behavior of those around them
  - c. Being given a list of written directions
  - d. Using something they like to do as a reward for doing what they need

**Thank you!**

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**ATTACHMENT F**

**POST-MEETING EVALUATION FORM  
(INFORMATIONAL MEETINGS FOR FIELD TRAINERS)**

# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## Post-Meeting Evaluation Form (Field Trainee)



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to obtain your feedback on this event. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

**Name of Meeting:** \_\_\_\_\_

**Location of Meeting:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

**Meeting Code:** \_\_\_\_\_

SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about today's meeting, but will not be able to identify your name or any other information about you. In order to match the pre-, and post-evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_ **First letter in mother's maiden name:** \_\_\_\_

**First letter in the city of your birth:** \_\_\_\_ **First letter in the state of your birth:** \_\_\_\_

**First letter in your first name:** \_\_\_\_

**1. Please use the following scale to evaluate today's meeting. (Check one box on each line.)**

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
Overall, please rate the....					
Quality of the information you received <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the information to your work <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of the meeting <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity of the trainer(s) to the participants <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for questions/discussion <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts or materials <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of the meeting <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Please use the following scale to rate [SPEAKER A]. (Check one box on each line.)**

	Poor	Fair	Good	Excellent	NA
a. Overall quality of speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm for subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of examples/clarifying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Willingness/capacity to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sensitivity of speaker to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please use the following scale to rate [SPEAKER B]. (Check one box on each line.)**

	Poor	Fair	Good	Excellent	NA
a. Overall quality of speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm for subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of examples/clarifying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Willingness/capacity to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sensitivity of speaker to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Please use the following scale to rate [SPEAKER C]. (Check one box on each line.)**

	Poor	Fair	Good	Excellent	NA
a. Overall quality of speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enthusiasm for subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of examples/clarifying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Willingness/capacity to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sensitivity of speaker to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Describe the extent to which you agree or disagree with the following statements. (Check one box on each line.)**

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	NA
This meeting met my needs for training in FASD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This meeting provided me with adequate new knowledge of FASD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This meeting enhanced my presentation skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of this session applied to most of my training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan on sharing the information in this meeting with a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This meeting was a beneficial use of my time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

I plan to use information from this meeting  
in my training activities.

---



**6. Please answer the questions below to the best of your ability.**

- A. What are the three components necessary for diagnosing FAS?
- low set ears, a smooth philtrum, and a thin upper lip
  - flat midface, smooth philtrum, and a thin upper lip
  - smooth philtrum, short palpebral fissures, and a thin upper lip
  - short palpebral fissures, smooth philtrum, and a small jaw
- B. Which of the following is NOT an appropriate strategy for helping a child with an FASD succeed in a school setting?
- Consistency in activities and times
  - Utilizing a level or point system
  - Limiting or eliminating homework that needs to be done at home
  - Reducing stimuli in the classroom
- C. Misdiagnosis of an FASD can result in:
- Inappropriate interventions being put in place
  - Expectations of the ability to follow multiple directions
  - View that behavior is purposeful
  - All of the above
- D. Which of the following tends to be the most impaired in individuals with an FASD?
- Immediate or working memory
  - Long term memory
  - Retrospective memory
  - All memory
- E. Individuals with an FASD learn best by:
- Being told what to do
  - Modeling the behavior of those around them
  - Being given a list of written directions
  - Using something they like to do as a reward for doing what they need

**7. What are potential barriers to applying the information/skills presented in this meeting to your trainings?****8. What were the *most* helpful features of the meeting?****9. What were the *least* helpful features of the meeting?****10. In what ways could this meeting be improved?****11. Overall, how satisfied are you with this meeting? (Check one.)**

- Very Dissatisfied       Somewhat Dissatisfied       Somewhat Satisfied       Very Satisfied

**Thank you!**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 10 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**ATTACHMENT G**

**FASD MEETING FOLLOW-UP FEEDBACK SURVEY  
(INFORMATIONAL MEETINGS FOR FIELD TRAINERS)**

# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## FASD Meeting Follow-up Feedback Survey



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to obtain your feedback on this event. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

<b>Name of Meeting:</b> <b>Location of Meeting:</b> <b>Meeting Code:</b>	<b>Date of Meeting:</b>
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SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about the meeting, but will not be able to identify your name or any other information about you. In order to match the evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

<b>First letter in mother’s first name:</b> ____	<b>First letter in mother’s maiden name:</b> ____
<b>First letter in the city of your birth:</b> ____	<b>First letter in the state of your birth:</b> ____
<b>First letter in your first name:</b> ____	

Thank you for agreeing to provide us with feedback on the recent FASD meeting in which you participated.

**1. How useful has the information, ideas, or skills that you received in the meeting been to you?**

- Not at All Useful   
  Not Very Useful   
  Somewhat Useful   
  Very Useful

Comments:

**2. To what extent have the information/ideas/skills covered in the meeting been implemented in your trainings?**

- Fully   
  Partially   
  Not yet begun

**a. If “fully” or “partially,” could you provide us with an example of how you have been able to do so?**

**b. If “not yet begun,” do you intend to implement the information/ideas/skills covered in the meeting in the future?**

- Yes   
  No

**c. Have there been any barriers to implementing the information/ideas/skills that you received in the meeting?**

If “yes,” please describe.

- Yes   
  No

3. To what extent have the information/ideas/skills that you received improved your capacity to provide effective prevention services?

- Not At All       Not Very Much       Somewhat       A Great Deal       Not Applicable

4. To what extent have the information/ideas/skills that you received improved your capacity to provide training?

- Not At All       Not Very Much       Somewhat       A Great Deal       Not Applicable

5. Estimate the number of people you have trained since the last Field Trainers meeting on <insert date.>. \_\_\_\_\_

6. Feel free to add any additional information on how such service could be improved in the future.

**Thank you!**

## SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

### FASD Field Trainers Meeting Follow-up Protocol



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

**NOTE:** This process will be automated as part of the FASD Event Database. The OMB control number and burden statement will appear on the first web page of the form.

#### E-MAIL INVITATION:

At the SAMHSA FASD Center for Excellence, we are continually working to improve our services. To that end, we would like your feedback on a recent FASD field trainers meeting in which you participated – the *<name and description of event>* held in *<location of event>*.

To provide your valuable feedback, simply click on the link below while you are connected to the Internet and a new feedback browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey: *<link to feedback survey>*

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, click on the link below to arrange an interview.

Click on this link if you would rather provide your feedback through an interview:

*<link to interview page>*

If you would prefer not to participate, click on the link below.

Click on this link if you would prefer not to participate: *<link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the SAMHSA FASD Center for Excellence

#### INTERVIEW PAGE:

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, please call the Center at 1-866-786-7327 (1-866-STOPFAS) and state that you are responding to the technical assistance follow-up.

If you would prefer not to participate, click on the link below.

*Click on this link if you would prefer not to participate: <link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the Center at 1-866-786-7327.

#### OPT-OUT PAGE:

If you would prefer not to provide feedback on the field trainers meeting, please check the box below and hit the submit button. Your information will be entered into our system and you will not receive further contacts about this service.

I would prefer not to provide feedback at this time

## REMINDER E-MAIL MESSAGE TO NON-RESPONDENTS (Field Trainers Meeting)

**E-MAIL INVITATION:**

Dear Colleague:

At the SAMHSA FASD Center for Excellence, we are continually working to improve our services. Our records indicate that we have not yet received your feedback about your experience as a recipient of technical assistance services provided by the SAMHSA FASD Center for Excellence - the *<name and description of event>* held in *<location of event>*

It is important for us to obtain information from all recipients in order to ensure that future FASD services meet your needs.

To provide your valuable feedback, simply click on the link below while you are connected to the Internet and a new feedback browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey: *<link to feedback survey>*

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, click on the link below to arrange an interview.

Click on this link if you would rather provide your feedback through an interview:

*<link to interview page>*

If you would prefer not to participate, click on the link below.

Click on this link if you would prefer not to participate: *<link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the SAMHSA FASD Center for Excellence

**INTERVIEW PAGE:**

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, please call the Center at 1-866-786-7327 (1-866-STOPFAS) and state that you are responding to the technical assistance follow-up.

If you would prefer not to participate, click on the link below.

*Click on this link if you would prefer not to participate: <link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the Center at 1-866-786-7327.

**OPT-OUT PAGE:**

If you would prefer not to provide feedback on the field trainers meeting, please check the box below and hit the submit button. Your information will be entered into our system and you will not receive further contacts about this service.

I would prefer not to provide feedback at this time

**ATTACHMENT H**

**TECHNICAL ASSISTANCE FEEDBACK FORM (TECHNICAL ASSISTANCE)**

# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## Technical Assistance Feedback Form



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

The purpose of this form is to obtain your feedback on this event. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

**Name of Technical Assistance:** \_\_\_\_\_

**Location of Technical Assistance:** \_\_\_\_\_ **Date of Technical Assistance:** \_\_\_\_\_

**Technical Assistance Code:** \_\_\_\_\_

SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about today's technical assistance, but will not be able to identify your name or any other information about you. In order to match the pre-, post-, and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_ **First letter in mother's maiden name:** \_\_\_\_

**First letter in the city of your birth:** \_\_\_\_ **First letter in the state of your birth:** \_\_\_\_

**First letter in your first name:** \_\_\_\_

1. **What is your gender?**  Male  Female
2. **Are you Hispanic or Latino?**  Yes  No
3. **How would you describe your racial background?** *(Check all that apply.)*
  - American Indian  Alaska Native  Asian  Black or African American
  - Native Hawaiian or Other Pacific Islander  White
4. **What is the highest level of education you have completed?** *(Choose highest level only.)*
  - Less than high school  High school or equivalent  Associate's  Bachelor's
  - Master's  Doctorate  Other post-doctorate
5. **Please indicate what field you are in. We have left room next to each choice for you to briefly describe that experience.** *(Check all that apply.)*

<ul style="list-style-type: none"> <li><input type="checkbox"/> Person living with an FASD</li> <li><input type="checkbox"/> Direct Caregiver (e.g., parent, grandparent)</li> <li><input type="checkbox"/> Adult Justice</li> <li><input type="checkbox"/> Advocacy</li> <li><input type="checkbox"/> Child Welfare</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Housing</li> <li><input type="checkbox"/> Juvenile Justice</li> <li><input type="checkbox"/> Media</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medical/Health Services</li> <li><input type="checkbox"/> Mental Health Services</li> <li><input type="checkbox"/> Public Health</li> <li><input type="checkbox"/> Research</li> <li><input type="checkbox"/> Retail</li> <li><input type="checkbox"/> Social Services</li> <li><input type="checkbox"/> Student</li> <li><input type="checkbox"/> Substance Abuse Treatment</li> <li><input type="checkbox"/> Vocational Services</li> <li><input type="checkbox"/> Other</li> </ul>
---	---

### SATISFACTION WITH TECHNICAL ASSISTANCE

6. **Overall, how satisfied are you with the technical assistance that you received?**
- Very Dissatisfied  Somewhat Dissatisfied  Somewhat Satisfied  Very Satisfied



7. If you were dissatisfied with the technical assistance, please explain the reason(s) for your dissatisfaction.

**UTILITY OF TECHNICAL ASSISTANCE**

8. How useful was the technical assistance that you received?

- Very Useful       Somewhat Useful       Not Very Useful       Not at All Useful

9. If the technical assistance was not useful, please explain.

**APPLICATION OF TECHNICAL ASSISTANCE**

10. We are interested in how the technical assistance you have received from the SAMHSA FASD Center for Excellence has improved the capacity of your project in the following areas (Choose one for each item)

<i>To what extent has the technical assistance improved your capacity to...</i>	<b>A Great Deal</b>	<b>Somewhat</b>	<b>Not Very Much</b>	<b>Not At All</b>	<b>Not Applicable</b>
Develop a strategic plan to address FASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist in the development of an FASD Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine prevention and/or treatment needs and assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the capacity of your organization to deliver effective prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the capacity of your organization to deliver effective treatment programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate your efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please provide any examples of how you may use the technical assistance to improve your capacity in any of these areas.

12. What are potential barriers you may encounter in utilizing the technical assistance provided?

13. How might you overcome these barriers?

14. Do you anticipate utilizing the Center for future technical assistance or training? (Choose one.)

- Yes       No

**Thank you!**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 5 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

**ATTACHMENT I**

**FASD TECHNICAL ASSISTANCE FOLLOW-UP FEEDBACK SURVEY  
(TECHNICAL ASSISTANCE)**

**SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence****FASD Technical Assistance Follow-up****Survey**

The purpose of this form is to obtain your feedback on this event. The form is completely anonymous. Please do NOT put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

**Name of Technical Assistance Event:**

**Location of Technical Assistance Event:**

**Date of Technical Assistance Event:**

**Technical Assistance Event Code:**

SAMHSA FASD Center for Excellence will be using the unique identification code below to link your answers to information about the technical assistance, but will not be able to identify your name or any other information about you. In order to match the pre-, post-, and follow-up evaluation forms, we would like for you to provide the following information. The information will allow matching of the surveys without identifying who you are.

**First letter in mother's first name:** \_\_\_\_

**First letter in mother's maiden name:** \_\_\_\_

**First letter in the city of your birth:** \_\_\_\_

**First letter in the state of your birth:** \_\_\_\_

**First letter in your first name:** \_\_\_\_

Thank you for agreeing to provide us with feedback on the recent FASD event in which you participated.

**1. How useful has the information, ideas, or skills that you received in the technical assistance been to you?**

Not at All Useful     Not Very Useful     Somewhat Useful     Very Useful

Comments:

**2. To what extent have the technical assistance recommendations you received most recently been fully implemented?**

Fully     Partially     Not yet begun

**a. If "fully" or "partially," could you provide us with an example of how you have been able to do so?**

**b. If "not yet begun," do you intend to apply the technical assistance recommendations you received in the future?**

Yes     No

**3. What, if any, barriers have you experienced thus far to implementing the information/ideas/skills provided through the TA?**

**4. To what extent has the technical assistance you received improved your capacity to provide effective *prevention* services?**

Not at All     Not Very Much     Somewhat     A Great Deal     Not Applicable

**5. To what extent has the technical assistance you received improved your capacity to provide effective *treatment* services?**

Not at All     Not Very Much     Somewhat     A Great Deal     Not Applicable

**6. To what extent has the technical assistance that you received improved your day-to-day interactions with people with an FASD and their families?**

Not at All     Not Very Much     Somewhat     A Great Deal     Not Applicable

**7. Feel free to add any additional information on how the Center's technical assistance could be improved in the future.**

**Thank you!**

including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## FASD Technical Assistance Follow-up Protocol



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

**NOTE:** This process will be automated as part of the FASD Event Database. The OMB control number and burden statement will appear on the first web page of the form.

### E-MAIL INVITATION:

At the SAMHSA FASD Center for Excellence, we are continually working to improve our services. To that end, we would like your feedback on a recent FASD technical assistance event in which you participated – the *<name and description of event>* held in *<location of event>*.

To provide your valuable feedback, simply click on the link below while you are connected to the Internet and a new feedback browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey: *<link to feedback survey>*

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, click on the link below to arrange an interview.

Click on this link if you would rather provide your feedback through an interview:

*<link to interview page>*

If you would prefer not to participate, click on the link below.

Click on this link if you would prefer not to participate: *<link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the SAMHSA FASD Center for Excellence

### INTERVIEW PAGE:

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, please call the Center at 1-866-786-7327 (1-866-STOPFAS) and state that you are responding to the technical assistance follow-up.

If you would prefer not to participate, click on the link below.

*Click on this link if you would prefer not to participate: <link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the Center at 1-866-786-7327.

### OPT-OUT PAGE:

If you would prefer not to provide feedback on the technical assistance event, please check the box below and hit the submit button. Your information will be entered into our system and you will not receive further contacts about this service.

I would prefer not to provide feedback at this time

## REMINDER E-MAIL MESSAGE TO NON-RESPONDENTS (Technical Assistance)

**E-MAIL INVITATION:**

Dear Colleague:

At the SAMHSA FASD Center for Excellence, we are continually working to improve our services. Our records indicate that we have not yet received your feedback about your experience as a recipient of technical assistance services provided by the SAMHSA FASD Center for Excellence - the *<name and description of event>* held in *<location of event>*

It is important for us to obtain information from all recipients in order to ensure that future FASD services meet your needs.

To provide your valuable feedback, simply click on the link below while you are connected to the Internet and a new feedback browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey: *<link to feedback survey>*

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, click on the link below to arrange an interview.

Click on this link if you would rather provide your feedback through an interview:

*<link to interview page>*

If you would prefer not to participate, click on the link below.

Click on this link if you would prefer not to participate: *<link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the SAMHSA FASD Center for Excellence

**INTERVIEW PAGE:**

If you would rather provide your feedback through an interview instead of completing the brief on-line survey, please call the Center at 1-866-786-7327 (1-866-STOPFAS) and state that you are responding to the technical assistance follow-up.

If you would prefer not to participate, click on the link below.

*Click on this link if you would prefer not to participate: <link to opt-out page>*

Thank you in advance for your cooperation. If you have any questions about this process, you can contact *<name of contact person>* at the Center at 1-866-786-7327.

**OPT-OUT PAGE:**

If you would prefer not to provide feedback on the technical assistance event, please check the box below and hit the submit button. Your information will be entered into our system and you will not receive further contacts about this service.

I would prefer not to provide feedback at this time

**ATTACHMENT J**

**EVENT REQUESTOR FORM (ALL EVENTS)**

# SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence

## Event Requestor Form



The purpose of this form is to obtain your feedback on the SAMHSA FASD Center for Excellence’s process in responding to your request. To protect your confidentiality, your name and any other individually identifying information will not be reported to SAMHSA. It is important to us to obtain this information to maintain and improve the quality of our services; however, your participation is voluntary.

**Name of Event:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Event Code:** \_\_\_\_\_

**PLEASE COMPLETE THIS SHORT FEEDBACK FORM AND RETURN IT AS AN E-MAIL ATTACHMENT TO <NAME OF CONTACT PERSON> AT THE FASD CENTER FOR EXCELLENCE. YOUR RESPONSE WILL HELP US IMPROVE THE QUALITY OF OUR CUSTOMER SERVICE.**

**1. RATE THE FOLLOWING.**

	Poor	Fair	Good	Excellent	Don't Know	N/A
<b>Place an "X" in the appropriate block</b>						
Timeliness of our initial response to your request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our understanding of your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to your needs throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling a date and time that worked for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of our recommendations for meeting your needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center staff's friendliness and helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of the assistance you received from the Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. WHAT SUGGESTIONS DO YOU HAVE FOR IMPROVING THE FASD CENTER'S PROCESS FOR REQUESTING AND PROVIDING SERVICES?**

**Thank you!**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 4 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.