


Attachment 1: End-of-Email Survey

OMB No. 0930-

0197

Expiration Date: 01/31/11

	<h2>Technical Assistance Partnership Feedback Survey</h2>
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Public Burden Statement: 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 2 minutes per respondent, 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 8-1099, Rockville, Maryland, 20857.

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) values your feedback!

Help improve our services by providing anonymous feedback!

The TA Partnership is committed to providing quality and effective services and focusing on areas in need of improvement. We take pride in our work and value your feedback to ensure we maintain an excellent level of performance. Thank you for your anonymous feedback!

About the TA Service or Event

1. Which TA Partnership service/event are you sharing feedback about?¹

- Community call
- National affinity call
- Follow-up to TA request
- TA visit planning call
- Early Childhood Community of Practice
- Transition-Aged Youth Community of Practice
- Family Involvement Community of Practice
- Cultural and Linguistic Competence Community of Practice
- African Heritage Learning Community
- Asian American, Native Hawaiian, and Other Pacific Islander Learning Community

¹ Question 1 provides a drop-down menu for respondents to select one of the items selected.

Latino Learning Community
LGBTQI2-S Learning Community
Fatherhood Learning Community
Other (please specify below)

2. Content/topic of service/event (select all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Governance | <input type="checkbox"/> Youth Engagement | <input type="checkbox"/> Collaboration |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Financing | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Linguistic Competence | <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Sustainability |
| <input type="checkbox"/> Family-Driven Care/Engagement | <input type="checkbox"/> Social Marketing | |
| <input type="checkbox"/> Other (please identify) | | |

3. Who provided you with this service/event (select all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Nadia Cayce-Gibson | <input type="checkbox"/> Sandra Keenan | <input type="checkbox"/> Frank Rider |
| <input type="checkbox"/> Brittany Couch | <input type="checkbox"/> Ken Martinez | <input type="checkbox"/> James Sawyer |
| <input type="checkbox"/> Joy Cunningham | <input type="checkbox"/> Yorkmit Mendieta | <input type="checkbox"/> Sandra Spencer |
| <input type="checkbox"/> Ivonn Ellis-Wiggan | <input type="checkbox"/> Marie Niarhos | <input type="checkbox"/> Bruce Strahl |
| <input type="checkbox"/> Karen Francis | <input type="checkbox"/> Becky Ornelas | <input type="checkbox"/> Mary Tierney |
| <input type="checkbox"/> Becca Gourley | <input type="checkbox"/> David Osher | <input type="checkbox"/> Edith Tuazon |
| <input type="checkbox"/> Kim Helfgott | <input type="checkbox"/> Gwen Palmer | <input type="checkbox"/> Kim Williams |
| <input type="checkbox"/> Regenia Hicks | <input type="checkbox"/> Jeffrey Poirier | <input type="checkbox"/> Cultural Competence
Action Team (CCAT) |
| <input type="checkbox"/> Sharon Hunt | <input type="checkbox"/> Nick Read | |
| <input type="checkbox"/> Amy Johnson | <input type="checkbox"/> Reyhan Reid | |
| <input type="checkbox"/> Other (please specify) | | |

4. What was the time frame of this service/event?

- In the last 30 days
- In the last 60 days
- In the last 6 months
- Specific date(s) (please enter below):

TA Partnership Service/Event Feedback

5. The value/usefulness of the TA service/event:

Please rate: Excellent Good Fair Poor

TA Partnership Staff Feedback

6. Courtesy/professionalism of TA Partnership staff providing the service:

Please rate: Excellent Good Fair Poor

7. Knowledge level of TA Partnership staff providing the service:

Please rate: Excellent Good Fair Poor

8. Timeliness of follow through/follow-up:

Please rate: Excellent Good Fair Poor N/A

Overall

9. Overall Satisfaction:

Please rate: Excellent Good Fair Poor

10. Suggestions on further improving our TA services/events?

11. May we contact you regarding your experience? If so, please provide your e-mail address or phone number.

Email Address:

Phone Number:

12. Please check this box if you would like a response within 48 hours:

- I would like a response within 48 hours.

Attachment 2: End-of-Email Message

Help improve our services by providing anonymous feedback! The TA Partnership is committed to providing quality and effective services and focusing on areas in need of improvement. We take pride in our work and value your feedback to ensure we maintain an excellent level of performance. Please use the following link to provide anonymous feedback [**survey link**].