



**TECHNICAL ASSISTANCE EVENT FEEDBACK FORM**

Thank you for attending the technical assistance event supported by OJJDP NTTAC. To better serve you, we would like to know how satisfied you are with the quality of the assistance you just received. Your feedback is indispensable in our ongoing efforts to improve the support that OJJDP provides. Your participation is completely voluntary.

EVENT TITLE: pre-printed information

LOCATION: pre-printed information                      DATE(S): pre-printed information

PRESENTER(S): pre-printed information

For Questions 1-<xx>, please indicate the extent to which you agree or disagree with the following statements:

- 1 – I Strongly Disagree with this statement (SD).
- 2 – I Disagree with this statement (D).
- 3 – I Neither agree nor disagree with this statement (N).
- 4 – I Agree with this statement (A).
- 5 – I Strongly Agree with this statement (SA).
- NA – Not Applicable (NA).

Presenter 1 _____	SD	D	N	A	SA	NA
1. The presenter was well-prepared, knowledgeable, and professional.	1	2	3	4	5	NA
2. The presenter clearly identified and addressed the event objectives.	1	2	3	4	5	NA
3. The presenter provided the information clearly and logically.	1	2	3	4	5	NA
4. The presenter responded well to questions and comments.	1	2	3	4	5	NA
5. The presenter tailored the information to audience needs.	1	2	3	4	5	NA
Presenter 2 _____	SD	D	N	A	SA	NA
6. The presenter was well-prepared, knowledgeable, and professional.	1	2	3	4	5	NA
7. The presenter clearly identified and addressed the event objectives.	1	2	3	4	5	NA
8. The presenter presented the information clearly and logically.	1	2	3	4	5	NA
9. The presenter responded well to questions and comments.	1	2	3	4	5	NA
10. The presenter tailored the information to audience needs.	1	2	3	4	5	NA
Technical Assistance Event	SD	D	N	A	SA	NA
11. The event was held in a good learning environment	1	2	3	4	5	NA
12. The time allotted was appropriate for adequately meeting the event objectives.	1	2	3	4	5	NA
13. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
14. The information presented in this event was <u>relevant</u> to my work.	1	2	3	4	5	NA
15. The information presented in this event was <u>useful</u> to my work.	1	2	3	4	5	NA
16. The event has increased my knowledge about this topic.	1	2	3	4	5	NA
17. The event has increased my practical skills on this topic.	1	2	3	4	5	NA
18. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
19. I will share the information I received at the event with my colleagues.	1	2	3	4	5	NA
20. This event met my needs for information and assistance.	1	2	3	4	5	NA
21. I am satisfied with the overall quality of this technical assistance event.	1	2	3	4	5	NA

22. What aspects of the event were most helpful and why?

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23. Identify **three** things you plan to do or change as a result of the assistance received. Please be as specific as you can.

- A. \_\_\_\_\_  
\_\_\_\_\_
- B. \_\_\_\_\_  
\_\_\_\_\_
- C. \_\_\_\_\_  
\_\_\_\_\_

24. What additional training and technical assistance needs do you foresee having with regard to the topic covered at this event?

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

25. What suggestions do you have for making this assistance better for future participants?

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

26. Additional comments:

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

**Respondent Information**

27. Which of the following best describes the field in which you work? (Please choose only one.)

- Ancillary youth services (e.g., recreation, prevention, mentoring, after-school)
- Child and family services (e.g., child welfare, adoption)
- Community-based organization
- Compliance monitors
- Corrections
- Detention
- Court services
- DMC coordinator
- Education/schools
- Faith-based organization
- Information technology
- Juvenile justice specialist
- Law enforcement
- Legal services–defense
- Legal services–prosecution
- Mental health
- Other advocacy (e.g., GAL, CASA)
- Other residential services
- Parole/community corrections
- Private sector/business
- Probation
- Problem solving/specialized courts (e.g., drug courts)
- Research
- SAG representative
- Substance abuse
- Truant youth/dropout
- Youth mentoring

28. How many years of experience do you have in the field of juvenile justice?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 0 – 2 years | <input type="checkbox"/> 9 – 11 years     |
| <input type="checkbox"/> 3 – 5 years | <input type="checkbox"/> 12 – 14 years    |
| <input type="checkbox"/> 6 – 8 years | <input type="checkbox"/> 15 or more years |

29. How would you describe the population with which you primarily work? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> At-risk youth   | <input type="checkbox"/> Substance using or abusing youth  |
| <input type="checkbox"/> Children of incarcerated parents  | <input type="checkbox"/> Teen parents  |
| <input type="checkbox"/> Dependent youth   | <input type="checkbox"/> Youth younger than 10 years of age  |
| <input type="checkbox"/> Incarcerated youth  | <input type="checkbox"/> Youth ages 11–15 years  |
| <input type="checkbox"/> Homeless youth  | <input type="checkbox"/> Youth ages 16–the legal age of adulthood in your community                                    |
| <input type="checkbox"/> Mentally ill youth  | <input type="checkbox"/> Youth in the child welfare system (e.g., foster youth, adopted youth, abused/neglected youth) |
| <input type="checkbox"/> Pre-adjudicated youth (e.g., youth awaiting a judicial outcome)                           | <input type="checkbox"/> Youth volunteers  |
| <input type="checkbox"/> Post-adjudicated youth (e.g., youth on parole, probation, or under community supervision) | <input type="checkbox"/> Other: _____  |