



TRAINING FEEDBACK FORM

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

TRAINING TITLE: pre-printed information

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

INSTRUCTOR(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).

I. Learning Objectives

<insert Training Module Title 1 as preprinted information>	SD	D	N	A	SA
1. I understand/can identify <insert learning objective content here>	1	2	3	4	5
2. I understand/can identify <insert learning objective content here>	1	2	3	4	5
3. I understand/can identify <insert learning objective content here>	1	2	3	4	5
4. I understand/can identify <insert learning objective content here>	1	2	3	4	5
<insert Training Module Title 2 as preprinted information> (continue with additional Training Modules as appropriate for the curriculum)	SD	D	N	A	SA
5. I understand/can identify <insert learning objective content here>	1	2	3	4	5
6. I understand/can identify <insert learning objective content here>	1	2	3	4	5
7. I understand/can identify <insert learning objective content here>	1	2	3	4	5
8. I understand/can identify <insert learning objective content here>	1	2	3	4	5

II. Instructors

Instructor 1 _____	SD	D	N	A	SA
9. The instructor was well prepared and had a professional manner.	1	2	3	4	5
10. The instructor was knowledgeable about the topic.	1	2	3	4	5
11. The instructor encouraged discussion.	1	2	3	4	5
10. The instructor responded well to questions and comments, including challenging questions and differing opinions.	1	2	3	4	5
11. The instructor understood the professional needs of the audience.	1	2	3	4	5
12. The instructor conveyed an appreciation of the diversity of experience, knowledge, and skills in the room.	1	2	3	4	5
13. The instructor presented the material and asked questions in such a way as to help the audience appreciate the importance of cultural diversity.	1	2	3	4	5
Instructor 2 _____	SD	D	N	A	SA
14. The instructor was well prepared and had a professional manner.	1	2	3	4	5



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Table with 6 columns (1-5) and 5 rows (15-20) containing instructor performance feedback items.

III. Training

Table with 6 columns (SD, D, N, A, SA) and 11 rows (21-31) containing training quality feedback items.

32. Was the length of the training appropriate for the material or would you recommend a shorter/longer training? Please provide any specific details you would like to share.

Four horizontal lines for providing specific details for question 32.

33. Was the format of the participant materials (text, PowerPoint slides, resources) helpful to you? Do you have any recommendations for making the materials more user-friendly?

Four horizontal lines for providing recommendations for question 33.

34. Was it helpful to have hands-on opportunities such as <insert title of activity> to reinforce learning? Would you recommend <insert activity> for future trainings?

Four horizontal lines for providing responses for question 34.



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35. Were the exercises on <insert title of each exercise> and <insert title of each exercise> helpful? Do you have any comments about how these activities could be improved?

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

A. _____

B. _____

C. _____

37. What additional training/technical assistance needs do you foresee having with any of the topics covered at this training?

38. What part of this event would you suggest changing to make it better for future participants?

39. Additional comments:

IV. Participant Information

40. 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

41. 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 |

42. 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: _____ |

*We will be following up with participants in approximately 3 months to determine the impact of this training event. If you would be willing to participate in a **brief** follow-up interview, please provide your contact information. The information will only be used for the purpose of conducting the follow-up interview. The confidentiality of the information you provide is guaranteed.*

Name: _____ **Phone:** _____ **E-mail:** _____

Thank you for completing the <insert training title> Participant Feedback Form.

We value your input!

Please return your completed form to an OJJDP NTTAC representative before leaving the training.