Form Approved

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## Substance Abuse and Mental Health Services Administration (SAMHSA)

## Center for Substance Abuse Prevention (CSAP)

**Prevention Fellowship Program (PFP)**

**ANNUAL FELLOWSHIP SURVEY**

**Notice to Respondents**

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**We would like to obtain your feedback on your experience in the CSAP Prevention Fellowship Program (PFP) this year. Your feedback will help us ensure that our fellows receive the required knowledge, skills, and experience in state-of the art prevention practices. Please provide your assessment on the program design, trainings, mentorship, field placement, and your individual skills gained.**

This survey is voluntary. If you choose to take it, you may skip any question you don’t want to answer. This survey asks about your experience and opinion on a number of topics related training in the program. Your answers to these questions will be protected. That means no one will connect your answers with your name or other identifying information. To help us keep your answers confidential, please do not write your name on this survey. The information in this survey will be used to learn more about the effectiveness of this program.

**SECTION A: Program Design**

Please rate the degree to which you agree or disagree with each of the following statements by selecting the appropriate response.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly****Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| 1. Program goals were clear and appropriate
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Expectations for fellows were clear and appropriate
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Expectations for mentors were clear and appropriate
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Field placement and PFP training and curriculum complemented each other
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Adequate support was provided by PFP staff
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. My questions or concerns were promptly addressed
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Developing my Fellowship Accomplishment Plan (FAP) was useful
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. The Quarterly Reports were useful
 | 5 | 4 | 3 | 2 | 1 | 0 |

**SECTION B: Face-to-Face and Online Trainings and Curriculum**

Please rate the degree to which you agree or disagree with each of the following statements by selecting the appropriate response.

|  | **Strongly****Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I was provided with skill building trainings and other activities related to the *Strategic Prevention Framework*
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. The trainings helped me develop work-related skills
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. I used what I learned in the trainings throughout my field placement
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. The amount of time scheduled for trainings was sufficient
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Materials provided were useful
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. I will use the materials provided in the future
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. The online training methods were easy to use
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. I received enough training to do my job effectively
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. The curriculum prepared me to take the IC&RC certification exam
 | 5 | 4 | 3 | 2 | 1 | 0 |

**SECTION C: Mentorship Assessment**

Please rate the degree to which you agree or disagree with each of the following statements by selecting the appropriate response.

|  | **Strongly****Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Mentor provided sufficient orientation and explanation of the field placement
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor worked together with me to develop a Fellowship Accomplishment Plan (FAP)
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor clearly identified and enforced realistic minimum performance standards
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor was flexible in the face of individual needs without sacrificing standards
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor provided adequate support as needed
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor provided feedback in the Quarterly Reports
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor encouraged attendance in other trainings and workshops relevant my professional development
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Mentor provided feedback on ways to improve my participation
 | 5 | 4 | 3 | 2 | 1 | 0 |

**SECTION D: Field Placement Assessment**

Please read the statements below and indicate how frequently each occurred during this program year.

|  | **Very often** | **Fairly often** | **Sometimes** | **Once in a while** | **Practically never** | **Not Applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Had challenging tasks throughout the placement
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Had opportunities for hands-on participation instead of observing
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Had freedom to develop and use my own ideas
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Felt disengaged or bored
 | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Was assigned tasks and duties relevant to my professional development
 | 5 | 4 | 3 | 2 | 1 | 0 |

1. How satisfied are you with your overall Fellowship experience?

[ ] Very satisfied

[ ] Somewhat satisfied

[ ] Neutral

[ ] Somewhat dissatisfied

[ ] Very dissatisfied

**Thank you for completing the ANNUAL FELLOWSHIP SURVEY. We appreciate your feedback.**