

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**

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 10 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 2-1057, Rockville, Maryland, 20857.

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
2. Expectations for fellows were clear and appropriate	5	4	3	2	1	0
3. Expectations for mentors were clear and appropriate	5	4	3	2	1	0
4. Field placement and PFP training and curriculum complemented each other	5	4	3	2	1	0
5. Adequate support was provided by PFP staff	5	4	3	2	1	0
6. My questions or concerns were promptly addressed	5	4	3	2	1	0
7. Developing my Fellowship Accomplishment Plan (FAP) was useful	5	4	3	2	1	0
8. 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
9. I was provided with skill building trainings and other activities related to the <i>Strategic Prevention Framework</i>	5	4	3	2	1	0
10. The trainings helped me develop work-related skills	5	4	3	2	1	0
11. I used what I learned in the trainings throughout my field placement	5	4	3	2	1	0
12. The amount of time scheduled for trainings was sufficient	5	4	3	2	1	0
13. Materials provided were useful	5	4	3	2	1	0
14. I will use the materials provided in the future	5	4	3	2	1	0
15. The online training methods were easy to use	5	4	3	2	1	0
16. I received enough training to do my job effectively	5	4	3	2	1	0
17. 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
18. Mentor provided sufficient orientation and explanation of the field placement	5	4	3	2	1	0
19. Mentor worked together with me to develop a Fellowship Accomplishment Plan (FAP)	5	4	3	2	1	0
20. Mentor clearly identified and enforced realistic minimum performance standards	5	4	3	2	1	0
21. Mentor was flexible in the face of individual needs without sacrificing standards	5	4	3	2	1	0
22. Mentor provided adequate support as needed	5	4	3	2	1	0
23. Mentor provided feedback in the Quarterly Reports	5	4	3	2	1	0
24. Mentor encouraged attendance in other trainings and workshops relevant my professional development	5	4	3	2	1	0
25. 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
26. Had challenging tasks throughout the placement	5	4	3	2	1	0
27. Had opportunities for hands-on participation instead of observing	5	4	3	2	1	0
28. Had freedom to develop and use my own ideas	5	4	3	2	1	0
29. Felt disengaged or bored	5	4	3	2	1	0
30. Was assigned tasks and duties relevant to my professional development	5	4	3	2	1	0

31. 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.**