



TECHNICAL ASSISTANCE EVENT PARTICIPANT FEEDBACK FORM

Thank you for attending the technical assistance event supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Training and Technical Assistance Center (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).

Presenter 1 Name: _____	SD	D	N	A	SA
1. The instructor was well prepared, knowledgeable, and had a professional manner.	1	2	3	4	5
2. The instructor encouraged discussion and responded well to questions/comments, including challenging questions and differing opinions.	1	2	3	4	5
3. The instructor understood and tailored the content to the professional needs of the audience.	1	2	3	4	5
Presenter 2 Name: _____	SD	D	N	A	SA
4. The instructor was well prepared, knowledgeable, and had a professional manner.	1	2	3	4	5
5. The instructor encouraged discussion and responded well to questions/comments, including challenging questions and differing opinions.	1	2	3	4	5
6. The instructor understood and tailored the content to the professional needs of the audience.	1	2	3	4	5
Technical Assistance Event	SD	D	N	A	SA
7. The meeting space and use of technology contributed to a positive learning environment.	1	2	3	4	5
8. The goals for the event were clearly stated at or before the beginning of the event	1	2	3	4	5
9. The structure of the event was appropriate for meeting the stated goals.	1	2	3	4	5
10. The time allotted for the event was appropriate for meeting the stated goals.	1	2	3	4	5
11. The event has increased my knowledge about this topic.	1	2	3	4	5
12. The event has increased my practical skills on this topic.	1	2	3	4	5
13. As a result of my attendance, I <insert event objective 1>	1	2	3	4	5
14. As a result of my attendance, I <insert event objective 2>	1	2	3	4	5
15. As a result of my attendance, I <insert event objective 3> (insert/delete objectives as necessary)	1	2	3	4	5
16. The format of the event provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	5
17. The format and content of the event were useful in helping me understand how to implement evidence-based practice in my work.	1	2	3	4	5
18. I will be able to apply what I learned to my work.	1	2	3	4	5
19. I will share the information I learned at the event with my colleagues.	1	2	3	4	5
20. This event met my needs for information and assistance.	1	2	3	4	5
21. I was satisfied with the overall quality of this technical assistance event.	1	2	3	4	5

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



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23. 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?

24. Identify **three** things you plan to do or change as a result of the technical assistance you received. Please be as specific as you can (e.g., actions or changes in policy, practice, procedures, or programming).

A. _____

B. _____

C. _____

25. What additional assistance do you or your organization need with this topic?

26. What suggestions do you have for making technical assistance better for future participants?

27. Additional comments:

Respondent Information

28. 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
- Other

29. 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 |

30. 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 follow up with participants 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 event title> Participant Feedback Form.
Please return your completed form to the event organizer before leaving this training.**

Please visit www.nttac.org for information about future technical assistance opportunities.