

## **E15. KEY INFORMANT INTERVIEWS**

### **TRAINING OF TRAINERS PARTICIPANTS**

NAME: \_\_\_\_\_

Date Interview Completed: \_\_\_\_\_

The public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (XXXXXXXX)

TOT Session:  
\_\_\_\_ March 2009  
\_\_\_\_ Jan 2010  
\_\_\_\_ March 2010  
\_\_\_\_ Dec 2010  
\_\_\_\_ March 2011  
\_\_\_\_ Jan 2012  
\_\_\_\_ March 2012  
\_\_\_\_ August 2012 (WI)  
\_\_\_\_ August 2012 (CA)  
\_\_\_\_ February 2013  
\_\_\_\_ March 2013  
\_\_\_\_ March 2014

1. Why did you decide to attend the FASD Training of Trainers Certificate Program?

2. Did you conduct any evaluated training as a result of your attendance at the TOT?

**Yes [GO TO PAGE 3]**

**NO [GO TO PAGE 4]**

3. How comfortable were you in using the pre and post-training evaluation tools in the trainings you conducted?

*(Read options)*

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

Why did you find it \_\_\_\_\_?

4. Have you earned the FASD Educator's 'Certification'? (i.e., completed all requirements—training or equivalent)

- Yes

In what ways has earning the 'certification' been beneficial to you?

WHEN COMPLETE...GO TO PAGE 5

NO [GO TO PAGE 4]

5. We know that not all participants intended to complete the certification portion of the TOT when they attended the training. Was it your intention to become a 'certified' FASD educator?

Yes

**Are you currently experiencing any barriers in providing FASD training?**

No

**What are some of the reasons you did not complete the certificate?**

**(Probe for time commitment, support of supervisor, harder than you thought, evaluation was too cumbersome, didn't feel comfortable enough to train, etc.)**

6. Do you feel that your *TRAINING SKILLS* increased as a result of your participation in the TOT?

Yes

**How?** [Probe for comfort level in front of an audience, comfort level reaching our audience of medical and allied health providers, ability to train this particular material, etc.]

No

**How could we have helped to increase your training skills and/or comfort level?**  
[Probe for follow-up refresher courses, more time during the TOT to 'practice', etc.]

7. Would you recommend the Training of Trainers training to anybody else?

Yes     No

WHY, or WHY NOT?

8. Did your participation in the TOT change the way in which you conduct the work that you do?

Yes

**In what ways?**

No

**Were you already providing training and/or services around the issues of FASD**

Yes     No

On a scale of 0-10, with 0 being 'not at all likely' and 10 being 'definitely likely':

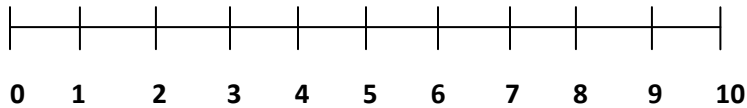
9. How likely would you be to attend a full-day 'update' or 'booster' session for TOT educators to be held in Madison, WI? This session could include content updates, skills-building training and/or evaluation methods.



**MI PROBE: What would it take to move you to a (3 numbers higher than they chose)**

**Comments:**

10. How likely would you be to attend an online or web-based 'update' training for TOT educators?



**MI PROBE: What would it take to move you to a (3 numbers higher than they chose)**

**Comments:**

11. Would you have been willing to use distance education technology/self-study to complete some portions of the TOT content information in order to shorten the number of in-person training days (i.e. watch an online presentation, read some articles, etc.)?

12. How likely would you be to attend a 3-day training to be certified to CONDUCT the 5-day FASD Certificate Program for the Great Lakes FASD Regional Training Center?



Comments:

13. Since you attended the TOT, have you requested any help from the Great Lakes FASD Regional Training Center?

Yes

**Was the assistance you received beneficial?**

No

**Why not?**



14. Do you use the Great Lakes FASD Regional Training Center website, [www.fasdeducation.org](http://www.fasdeducation.org) ?

Yes

**Is there any additional information you would like to see on the website?**

No

**What would make you use the website more?**

15. Is there anything else you'd like our staff to know about your experience with the TOT?

**THANK YOU for taking the time to talk with me today. If you have any questions at all, please feel free to call Barbara Vardalas, our project evaluator, at 608-263-0452. If you prefer to leave a more anonymous comment, you can always leave a voicemail message on our toll-free number 1-800-752-3157.**