

OJJDP NATIONAL TRAINING AND TECHNICAL ASSISTANCE CENTER REQUESTER FEEDBACK FORM

Thank you for requesting the “<Insert Event Title Here>” event supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Training and Technical Assistance Center (NTTAC). To better serve you and the juvenile justice field, we would like to know how satisfied you are with the quality of support offered to you by the OJJDO NTTAC Staff in the planning and delivery of this event. **Please complete only one form per event.**

Requester Name/Agency: pre-printed information

Event Title/TA#: pre-printed information

Date(s): pre-printed information

Presenter(s): pre-printed information

TA Coordinator(s): pre-printed information

Please click the number that best represents your rating for this event for each of the following questions.

1. Were you satisfied with your overall OJJDP NTTAC experience?

1	2	3	4	5
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

2. How well did this event meet your expectations?

1	2	3	4	5
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Neither Met Nor Failed to Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

3. Were you satisfied with the overall quality of the support you received from OJJDP NTTAC in the delivery of this event?

1	2	3	4	5
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied Nor Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

PLANNING FEEDBACK	Strongly Disagree (SD)	Disagree (D)	Neither Agree Nor Disagree (N)	Agree (A)	Strong Agree (SA)	Not Applicable (NA)
4. OJJDP NTTAC staff was detail-oriented and thorough in the planning of this event.	1	2	3	4	5	NA
5. OJJDP NTTAC staff was effective in coordinating with the consultant to establish a mutual understanding of the participants’ needs prior to the event.	1	2	3	4	5	NA
6. The level of outreach/communication by OJJDP NTTAC staff (telephone calls, e-mails, etc.) effectively moved the planning process along.	1	2	3	4	5	NA
7. OJJDP NTTAC staff adequately prepared me, the consultant and the participants for the technological aspects of this event.	1	2	3	4	5	NA
DELIVERY FEEDBACK	SD	D	N	A	SA	NA
8. I am satisfied with the quality of the consultant’s work.	1	2	3	4	5	NA
9. The training/technical assistance delivery met our identified needs and will allow us to provide better services to our	1	2	3	4	5	NA

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target population.						
10. The information presented was relevant/useful to participants' work.	1	2	3	4	5	NA
11. OJJDP NTTAC and the consultant were successful in meeting the event goals/objectives.	1	2	3	4	5	NA

12. Did you have enough support, if needed, to develop a training/technical assistance plan (e.g., agenda, learning objectives) to meet the needs of the audience?

- Yes
 No

If no, please explain:

13. Was the consultant was well suited for this event?

- Yes
 No

If no, please explain:

14. Was the moderator was well suited for this event? (Optional/If Applicable)

- Yes
 No

If no, please explain:

15. What obstacles or challenges, if any, did you encounter in the planning or delivery of this event?

16. What suggestions do you have for improving OJJDP NTTAC's support of TTA planning and/or delivery?

17. What additional needs do you or your organization have regarding this topic or event?

*This survey will be offered online; however, in the case of paper surveys please send completed evaluation forms to:
Christine Leicht, OJJDP NTTAC Evaluation Manager, Christine.Lleicht@icfi.com*

