



TRAINING FEEDBACK FORM

Thank you for attending this training 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 training. Your feedback is indispensable in our ongoing efforts to improve the support that OJJDP provides. Your participation is completely voluntary.

TRAINING TITLE: pre-printed information

LOCATION: pre-printed information DATE(S): pre-printed information

INSTRUCTOR(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).

I. Learning Objectives

<insert Training Module Title 1 as preprinted information>	SD	D	N	A	SA
1. I understand/can identify <insert learning objective content here>	1	2	3	4	5
2. I understand/can identify <insert learning objective content here>	1	2	3	4	5
3. I understand/can identify <insert learning objective content here>	1	2	3	4	5
4. I understand/can identify <insert learning objective content here>	1	2	3	4	5
<insert Training Module Title 2 as preprinted information> (continue with additional Training Modules as appropriate for the curriculum)	SD	D	N	A	SA
5. I understand/can identify <insert learning objective content here>	1	2	3	4	5
6. I understand/can identify <insert learning objective content here>	1	2	3	4	5
7. I understand/can identify <insert learning objective content here>	1	2	3	4	5
8. I understand/can identify <insert learning objective content here>	1	2	3	4	5

II. Instructors

Instructor 1 _____	SD	D	N	A	SA
9. The instructor was well prepared, knowledgeable, and had a professional manner.	1	2	3	4	5
10. The instructor encouraged discussion and responded well to questions/comments, including challenging questions and differing opinions.	1	2	3	4	5
11. The instructor understood and tailored the content to the professional needs of the audience.	1	2	3	4	5
Instructor 2 _____	SD	D	N	A	SA
12. The instructor was well prepared, knowledgeable, and had a professional manner.	1	2	3	4	5
13. The instructor encouraged discussion and responded well to questions/comments, including challenging questions and differing opinions.	1	2	3	4	5
14. The instructor understood and tailored the content to the professional needs of the audience.	1	2	3	4	5



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III. Training

	SD	D	N	A	SA
15. The goals for the event were clearly stated at or before the beginning of the event.	1	2	3	4	5
16. The structure of the event was appropriate for meeting the stated goals.	1	2	3	4	5
17. The time allotted was appropriate for meeting the stated goals.	1	2	3	4	5
18. I was satisfied with the overall quality of the training materials (downloadable handouts, audiovisuals).	1	2	3	4	5
19. The meeting space and/or technology provided a good learning environment.	1	2	3	4	5
20. The time allotted was adequate for the scope of material presented.	1	2	3	4	5
21. The training modules contained the right amount of theoretical information.	1	2	3	4	5
22. The training modules contained the right amount of practical information.	1	2	3	4	5
23. The materials and information were appropriate for my level of experience and knowledge.	1	2	3	4	5
24. I will be able to apply what I learned in my work.	1	2	3	4	5
25. The format of the event provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	5
26. 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
27. This training met my needs for information/assistance.	1	2	3	4	5
28. I will share the information I learned with my colleagues.	1	2	3	4	5
29. I was satisfied with the overall quality of this training event.	1	2	3	4	5

30. How did you find out about this training?

- Personal invitation
- Juv Just or other listserv message
- NTTAC website
- Other website: _____
- Other: _____

31. 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?

32. Was/Were <insert title of each activity> and <insert title of each activity> helpful? If so, why, and if not, how can they be improved?



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

1) _____

2) _____

3) _____

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

35. What part of this event would you suggest changing to make it better for future participants?

36. Additional comments:

IV. Participant Information

37. Which of the following best describes the field in which you work? (Please choose only one.)



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- | | | |
|---|---|---|
| <input type="checkbox"/> Ancillary youth services (e.g., recreation, prevention, mentoring, after-school) | <input type="checkbox"/> Education/schools | <input type="checkbox"/> Private sector/business |
| <input type="checkbox"/> Child and family services (e.g., child welfare, adoption) | <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Information technology | <input type="checkbox"/> Problem solving/specialized courts (e.g., drug courts) |
| <input type="checkbox"/> Compliance monitors | <input type="checkbox"/> Juvenile justice specialist | <input type="checkbox"/> Research |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> SAG representative |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Legal services –defense | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Court services | <input type="checkbox"/> Legal services–prosecution | <input type="checkbox"/> Truant youth/dropout |
| <input type="checkbox"/> DMC coordinator | <input type="checkbox"/> Mental health | <input type="checkbox"/> Youth mentoring |
| | <input type="checkbox"/> Other advocacy (e.g., GAL, CASA) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Other residential services | |
| | <input type="checkbox"/> Parole/community corrections | |



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38. How many years of experience do you have in the field of juvenile justice?

- 0 – 2 years
- 3 – 5 years
- 6 – 8 years
- 9 – 11 years
- 12 – 14 years
- 15 or more years

39. How would you describe the population with which you primarily work? (Check all that apply.)

- At-risk youth
- Children of incarcerated parents
- Dependent youth
- Incarcerated youth
- Homeless youth
- Mentally ill youth
- Pre-adjudicated youth (e.g., youth awaiting a judicial outcome)
- Post-adjudicated youth (e.g., youth on parole, probation, or under community supervision)
- Substance using or abusing youth
- Teen parents
- Youth younger than 10 years of age
- Youth ages 11–15 years
- Youth ages 16–the legal age of adulthood in your community
- Youth in the child welfare system (e.g., foster youth, adopted youth, abused/neglected youth)
- Youth volunteers
- Other: _____

*We will be following up with participants in approximately 3 months 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 training title> Participant Feedback Form.
Please return your completed form to an OJJDP NTTAC representative before leaving the training.

Please visit www.nttac.org for information about future training opportunities.