



**WEBINAR FEEDBACK FORM**

Thank you for participating in the webinar “<Insert Webinar Title Here>” 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 webinar in which you just participated. Your feedback is indispensable in our ongoing efforts to improve the support that OJJDP provides. Your participation is completely voluntary.

WEBINAR TITLE: 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).

Presenters _____ (we can adjust this to evaluate each presenter individually or all of them collectively)	SD	D	N	A	SA
1. The presenters were well prepared, knowledgeable, and had a professional manner.	1	2	3	4	5
2. The presenters encouraged discussion and responded well to questions/comments, including challenging questions and differing opinions.	1	2	3	4	5
3. The presenters understood and tailored the content to the professional needs of the audience.	1	2	3	4	5
Presenter 2 _____	SD	D	N	A	SA
4. The presenter was well prepared, knowledgeable, and had a professional manner.	1	2	3	4	5
5. The presenter encouraged discussion and responded well to questions/comments, including challenging questions and differing opinions.	1	2	3	4	5
6. The presenter understood and tailored the content to the professional needs of the audience.	1	2	3	4	5
Webinar	SD	D	N	A	SA
7. The technology provided a good learning environment.	1	2	3	4	5
8. The goals for the webinar were clearly stated at or before the beginning of the event.	1	2	3	4	5
9. The structure of the webinar was appropriate for meeting the stated goals.	1	2	3	4	5
10. The time allotted was appropriate for adequately meeting the stated goals.	1	2	3	4	5
11. The webinar has increased my knowledge about this topic.	1	2	3	4	5
12. The webinar 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 webinar 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 webinar 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 webinar with my colleagues.	1	2	3	4	5
20. This webinar met my needs for information and assistance.	1	2	3	4	5
21. I was satisfied with the overall quality of this webinar.	1	2	3	4	5



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22. How did you find out about this Webinar?

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

23. What aspects of the webinar were most helpful and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. 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) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. What suggestions do you have for making webinars better for future participants?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

**Participant Information**

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

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



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30. 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 |
31. 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 a random sample of participants to determine the impact of this session/event. If you would be willing to participate in a **brief** follow-up interview, please provide your contact information below. 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:** \_\_\_\_\_