

OJJDP NATIONAL TRAINING AND TECHNICAL ASSISTANCE CENTER

WEBINAR FEEDBACK FORM

Thank you for participating in the Webinar <Date> “<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 participation is completely voluntary.

Webinar Title/TA#: pre-printed information

Date(s): pre-printed information

Presenter(s): pre-printed information

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

1. Please rate the overall quality of this Webinar?

1	2	3	4	5
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>

2. Was the Webinar information relevant/useful to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

3. What aspects of the Webinar were most useful and why? (optional)

4. How do you plan to apply the information from this Webinar in your work? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Grant writing/Fundraising
<input type="checkbox"/> Improve reporting methods
<input type="checkbox"/> Improve technology/websites
<input type="checkbox"/> My own professional development
<input type="checkbox"/> Provide information to clients/families/youth
<input type="checkbox"/> Program/Practice improvement | <input type="checkbox"/> Public awareness/advocacy
<input type="checkbox"/> Train/educate others (staff/colleagues)
<input type="checkbox"/> Research
<input type="checkbox"/> Policy Development
<input type="checkbox"/> Other: _____
<input type="checkbox"/> I will not be able to apply the information to my work |
|---|--|

Please explain how you plan to apply the information:

Please indicate your achievement of the Webinar’s learning objectives.

Learning Objectives	Did Not Address this Objective in Presentation	Did Not Achieve this Objective	Somewhat Achieved this Objective	Achieved this Objective
5. As a result of my attendance, I <insert event objective 1>.	1	2	3	4
6. As a result of my attendance, I <insert event objective 2>.	1	2	3	4
7. As a result of my attendance, I <insert event objective 3> (insert/delete objectives as necessary)	1	2	3	4

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Please indicate the extent to which you agree or disagree with the following statements about the Webinar.

Presenter 1 _____ (add/delete for each presenter)	Strongly Disagree (SD)	Disagree (D)	Neither Agree Nor Disagree (N)	Agree (A)	Strongly Agree (SA)
8. The knowledge and expertise of this presenter were appropriate for this Webinar.	1	2	3	4	5
9. The presenter tailored and delivered the content of the Webinar effectively.	1	2	3	4	5
Presenter 2 _____ (add/delete for each presenter)	SD	D	N	A	SA
10. The knowledge and expertise of this presenter were appropriate for this Webinar.	1	2	3	4	5
11. The presenter tailored and delivered the content of the Webinar effectively.	1	2	3	4	5
WEBINAR FEEDBACK	SD	D	N	A	SA
12. The format of the Webinar provided ample opportunity and encouragement for participants to interact meaningfully with each other. (optional)	1	2	3	4	5
13. The technology provided a good learning environment.	1	2	3	4	5
14. The time allotted was appropriate for adequately meeting the stated goals. (optional)	1	2	3	4	5
15. I will share the information I learned during the Webinar with my colleagues.	1	2	3	4	5
16. The presenter(s) managed the Q&A appropriately. (optional)	1	2	3	4	5

17. Was the moderator well suited for this Webinar topic? (Optional/If Applicable)

- Yes
 No
 If not, please explain: _____

18. How did you find out about this Webinar?

- | | |
|---|---|
| <input type="checkbox"/> OJJDP NTTAC Website | <input type="checkbox"/> Search engine such as Google |
| <input type="checkbox"/> OJJDP NTTAC exhibit, publication, or conference presentation | <input type="checkbox"/> My OJJDP program manager or other OJJDP staff person |
| <input type="checkbox"/> OJJDP TTA Provider | <input type="checkbox"/> Social media such as Facebook, Twitter or YouTube |
| <input type="checkbox"/> JuvJust listserv | <input type="checkbox"/> Link from another website (please specify): _____ |
| <input type="checkbox"/> Colleague who is familiar with OJJDP NTTAC resources | <input type="checkbox"/> Other (please specify): _____ |

19. What additional assistance do you or your organization need with this topic? (optional)

20. What suggestions do you have for improving Webinars better in the future?

21. Additional comments:

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22. Which of the following best describes the field in which you work? (Please choose only one – drop down list)

- | | | |
|--|--|--|
| <input type="checkbox"/> Child and family services (e.g., child welfare, adoption) | <input type="checkbox"/> Faith-based program/organization | <input type="checkbox"/> Research |
| <input type="checkbox"/> Children exposed to violence/trauma | <input type="checkbox"/> Formula Grant | <input type="checkbox"/> SAG Representative |
| <input type="checkbox"/> Children's Advocacy Centers | <input type="checkbox"/> Internet Crimes Against Children (ICAC) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Juvenile justice specialist | <input type="checkbox"/> State requirements |
| <input type="checkbox"/> Community-based program/organization | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Compliance Monitoring | <input type="checkbox"/> Mental health | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Corrections/Detention | <input type="checkbox"/> Missing children | <input type="checkbox"/> Training and technical assistance |
| <input type="checkbox"/> Court Appointed Special Advocate (CASA) | <input type="checkbox"/> Other advocacy (e.g., GAL, CASA) | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Court services | <input type="checkbox"/> Parole/community corrections | <input type="checkbox"/> School truancy/discipline/violence prevention |
| <input type="checkbox"/> DMC Coordinator | <input type="checkbox"/> Probation | <input type="checkbox"/> Victims of Crime |
| | <input type="checkbox"/> Problem solving/specialized courts (e.g., family/drug courts) | <input type="checkbox"/> Violence prevention |
| | <input type="checkbox"/> Prosecution | <input type="checkbox"/> Youth development |
| | | <input type="checkbox"/> Youth mentoring |
| | | <input type="checkbox"/> Other: _____ |

23. Please indicate which state you are from: _____ (drop down list)

*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*

