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SAMHSA DTAC Training Feedback Form

Thank you for participating in [name of training]. Please take a few minutes to answer the questions below to tell us what you think about this training. Your responses will help us continue to enhance the materials we provide.

Participation is completely voluntary. You can choose whether or not to take the feedback form; you can skip any questions or stop without finishing the feedback form. Whether or not you complete the feedback form will not affect any services you receive from SAMHSA DTAC. Click one of the options below. If you click on "Start Survey Now" you are giving SAMHSA DTAC permission to analyze and report on your responses to support making changes and improvement to the training SAMHSA DTAC provides in order to better meet user needs.

- Started back form now Exit feed back form/I do not want to participate

1. How did you hear about this training?

- An email from SAMHSA
- The SAMHSA website
- A colleague
- Some other way [specify]:

2. What are your primary job roles? (select all that apply)

- Mental health professional
- Substance abuse professional
- Emergency responder
- State/territory/tribe government disaster behavioral health, mental health, or substance abuse coordinator
- Other state government employee [specify]:

- Local government disaster behavioral health, mental health, or substance abuse employee
 - Other local government employee [specify]:
 - Federal government employee [specify agency and title]:
 - Other [specify]:
3. To what extent were the topics covered relevant to your job?
- Not at all relevant
 - A little bit relevant
 - Somewhat relevant
 - Very relevant
 - Extremely relevant
4. How much new information did you learn during this training?
- None
 - A little bit
 - Some
 - A great deal
5. How confident are you that you could apply the information learned during the training to your work?
- Not at all confident
 - Somewhat confident
 - Confident
 - Very confident
 - Extremely confident
6. Please rate your satisfaction with the following aspects of the training: (GRID WITH THE FOLLOWING RESPONSE OPTIONS: Not at all satisfied; Somewhat satisfied; Satisfied; Very satisfied; Completely satisfied)
- a) [IF IN-PERSON TRAINING]: Training facility (e.g., room size, building location)
 - b) [IF ONLINE TRAINING]: Online training software
 - c) Level of interaction between trainer and attendees
 - d) Level of interaction among training attendees (e.g., small group activities)
 - e) Quality of visual aids used by the presenter
 - f) Number of visual aids used by the presenter

- g) The way the presenter(s) spoke (e.g., tone, volume, clarity, speed)
7. What are one or two ways that the presentation could be enhanced?
 8. The training was...
 - o Too short
 - o Too long
 - o About the right length
 9. Overall, how satisfied are you with this training?
 - o Not at all satisfied
 - o Somewhat satisfied
 - o Satisfied
 - o Very satisfied
 - o Completely satisfied
 10. Would you recommend this training to a colleague?
 - o Yes
 - o No
 - 10a. Why or why not?
 11. Please use the space below to provide any additional feedback you have regarding this training.

Thank you for taking the time to complete this feedback form!