## Attachment 1: NRC Online Feedback Form

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## T/TA online feedback protocols and instruments

Online Learning Events (OLEs) and Fieldwide Webinars (Webinars): The online feedback form is customized and used to collect feedback from people who participate in any SS/HS or Project LAUNCH Online Learning Event (OLE), and fieldwide webinars for professionals in the field unaffiliated with either grant program. Immediately after completion of each OLE or webinar, the feedback form is provided to all participants should they be interested in providing feedback to the NRC. The feedback forms are administered through Adobe Connect (for OLEs) and SurveyMonkey (for webinars). The results are then analyzed and described in a summary report by NRC staff.

## NRC [insert grant program name] Online Feedback Form

Thank you for participating in today's Online Learning Event [insert name of online learning event]. [If a webinar, insert name of webinar title and also revise "online learning event" throughout to "webinar"]. To continue to improve the quality of our online learning events, we ask that you please tell us how much you agree or disagree with the following statements and answer the following questions regarding your experience with this event. Your participation is completely voluntary and confidential.

1.		e you a [insert name of grant program] grantee?
		Yes
		No
		<b>No</b> , please state the name of your agency or affiliation in the space below, then skip to
Qu	esti	on 3.
	Г	
2.		nich of the following best describes your role(s) on the [insert name of grant program]?
Γιις		heck all that apply.) ese roles for SS/HS]:
Luo		
		School district/community project staff
		Evaluator/researcher
		Other
[us	e th	ese roles for Project LAUNCH]:
		Young Child Wellness Coordinator
		Young Child Wellness Expert
		Young Child Wellness Partner
		Project Director/Principal Investigator
		Expansion Grantee State Lead
		Expansion Grantee Local Lead
		Expansion Site Local Stakeholder
		Evaluator/researcher
		Other
2a.	If (	Other, please write the name of your role in the space below.
_		

2b	. [For Project LAUNCH]:
Please	specify your cohort.
	Cohort 4
	Cohort 5
	Cohort 6
	Expansion grantee
_	Other
	outer .
[Note:	for webinars, use these as the first two questions and revise wording throughout this
	ck from "online learning event" to "webinar".]:
	you a current or former Safe Schools/Healthy Students (SS/HS) or Project LAUNCH
_	antee? (select one)
	SS/HS
	Project LAUNCH
□ No	- <b>3</b>
	<b>no</b> , which of the following best describes your professional affiliation? (Check all the
	xes that apply)
	Education (k-12) professional
	Special education professional
	Post-secondary/Higher education professional
	Early childhood (ages $0-5$ years) professional
	Childcare professional
	Child welfare professional
	School health (nurse, clinic) professional
	Primary care (doctor, nurse, nurse practitioner)
	Mental health (psychologist, counselor, therapist, social worker) professional
	Juvenile justice/law enforcement professional Substance abuse (counselor, prevention) professional
	Government (federal, state, or local) employee
	National association member/staff
	Community-based/nonprofit organization professional
	Evaluator/researcher Evaluator/researcher
	Family member/caregiver
	Other
41 TC	
1D. II	<b>other</b> , please write your professional affiliation in the space below.
1	

3.	lea	rase select the total number of people (including yourself) who participated in this online rning event with you (together from your desk, conference room, etc.):
		1 person (I watched this online event alone)
		1 1 (1
		3 people (2 people were with me)
		4 people (3 people were with me)
		5 people (4 people were with me)
		6 people or more (5 people or more were with me)
-		e than one person participated in this online learning event, please try to come to usus on your answers to the following questions:
4.	atte	ease rate your knowledge of the topic [insert name of online learning event] prior to ending this event.  Not knowledgeable Slightly knowledgeable Moderately knowledgeable Wery knowledgeable
5.	this	ease rate your knowledge of the topic [insert name of online learning event] after attending is event.  Not knowledgeable Slightly knowledgeable Moderately knowledgeable Wery knowledgeable
6.		is online learning event improved my understanding of [insert objective #1 of online rning event] Strongly Disagree Disagree Agree Strongly Agree
7.	Th	is online learning event [insert objective #2 of online learning event].  Strongly Disagree  Disagree  Agree  Strongly Agree
8.		is online learning event improved my understanding of [insert objective #3 of online rning event].  Strongly Disagree

		Disagree Agree Strongly Agree
9.		is online learning event improved my understanding of [insert objective #4 of online rning event].  Strongly Disagree  Disagree  Agree  Strongly Agree
10.	Th	e online learning event delivered information in a clear manner and was easy to follow.  Strongly Disagree  Disagree  Agree  Strongly Agree
11.	I p	lan to share information from this online learning event with others in my organization.  Strongly Disagree  Disagree  Agree  Strongly Agree
12.		m motivated to apply information provided from this online learning event in my ganization's communication efforts.  Strongly Disagree  Disagree  Agree  Strongly Agree
	hea	what extent has this online learning event improved your knowledge of promoting mental alth and/or prevention?  Not at all  Slightly  Moderately  A great deal
14.	Ov	rerall, how satisfied were you with this online learning event?

□ Vei	y dissatisfied
□ Sor	newhat dissatisfied
□ Sor	newhat satisfied
□ Ve	y satisfied
	provide at least one example of what you have learned from this online learning event a can apply to your work.
	provide any additional comments about how to improve the online learning event such
	estions for topics for future learning events that will help support your work, or any omments:
	omments:
other c	omments: