

Attachment 3: Onsite In-person Feedback Form

OMB No. 0930-0197
Expiration Date: 1/31/2017

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 17 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

In-Person Trainings: A feedback form customized to the goals/objectives of each in-person training event is provided to participants either through the online Qualtrics system or through paper and pencil administration. If the Qualtrics method is used, participants receive an email invitation to complete the feedback form. There is a feedback form for in-person trainings conducted on-site and there is another feedback form for in-person trainings that take place offsite (such as a meeting of grantees at SAMHSA headquarters).

[insert grant program name] Onsite In-Person Training Feedback Form

Invitation Email

Dear [insert name of grantee program] staff member:

I am writing you on behalf of Community Science. We are responsible for assessing the training and technical assistance (T/TA) provided by the National Resource Center for Mental Health Promotion and Youth Violence Prevention (NRC) to Safe Schools/Healthy Students (SS/HS) grantees and local education agencies. One of our responsibilities is to conduct an ongoing assessment of the quality and utility of training events to help the NRC make sure their services will most effectively contribute to your program's success.

You were recently emailed by [insert name of NRC staff person] regarding an assessment of your [insert name of training] on-site training conducted by the NRC. In order to ensure that the TTA needs of your program are met by the NRC, we would like you to complete a brief questionnaire about this on-site training. Each questionnaire is expected to take approximately 5 to 10 minutes to complete.

We are requesting that you complete the questionnaire by ***[insert month/date/year]***. Your participation in the assessment is voluntary, and your responses will be kept confidential.

We thank you for taking time out of your schedule to complete the questionnaire. If you have any questions, feel free to contact ***[insert name of contact person]***.

Follow this link to the survey:

[Take the survey]

Or copy and paste the URL below into your Internet browser:

[Survey URL]

Follow the link to opt out of future emails:

[Click here to unsubscribe]

Thank you,

[insert name of who is sending this email]

[insert grant program name] Onsite In-Person Training Feedback Form Reminder

Follow-up Email

Dear [insert name of grantee program] staff member,

You recently received an email asking you to complete a 5- to 10-minute questionnaire about your recent [insert name of training] on-site training visit. Your input for this on-site training will assist the National Resource Center to improve their training and technical assistance delivery. Please take a few minutes to complete this anonymous questionnaire. Should you have any additional questions, please feel free to contact **TBD**.

Follow this link to the survey:

[Take the survey]

Or copy and paste the URL below into your Internet browser:

[Survey URL]

Follow the link to opt out of future emails:

[Click here to unsubscribe]

Thank you,

[insert name of person sending email]

[insert grant program name] Onsite In-Person Training Feedback Form

1. Please describe your role as a [insert name of grantee program] staff member:

[insert list of customized roles specific to the training]:

- [role 1]
- [role 2]
- [role 3]
- Other _____

[for Project LAUNCH, use these roles]:

Please describe your role on the Project LAUNCH grant: (standard question)

- Young child wellness coordinator
- Young child wellness expert
- Young child wellness partner
- Expansion grantee – state lead
- Expansion grantee – local lead
- Expansion site – local stakeholder
- Evaluator
- Other

[for Project LAUNCH ask this question]:

Please indicate your cohort: (content-specific example)

- Cohort 6
- Cohort 5
- Expansion grant
- Other

2. How many days of the workshop did you attend?

- Day 1 only
- Day 2 only
- Both Day 1 and Day 2

3. Please indicate how much you agree or disagree with the following statements about what you have learned as a result of this training event:

	Strongly Disagree	Disagree	Agree	Strongly Agree
As a result of this training event, I understand how [insert objective #1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of this training event, I understand [insert objective #2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of this training event, I understand how [insert objective #3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of this training event, I understand how to [insert objective #4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of this training event, I understand how [insert objective #5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of this training event, I understand [insert objective #6]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how much you agree or disagree with the following statements about this training event:

	Strongly Disagree	Disagree	Agree	Strongly Agree
This training event delivered information in a clear manner and was easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials and handouts were helpful and easy to follow or use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer was an effective presenter or facilitator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to share this information with others in my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am motivated and will be able to apply the foundational information provided during this training event to my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, how satisfied were you with this training event?

- Very dissatisfied
- Somewhat dissatisfied
- Somewhat satisfied
- Very satisfied

6. To what extent has this training event improved your knowledge in the areas of prevention and/or mental health promotion?

- Not at all
- Slightly
- Moderately
- A great deal

7. Overall, how useful was this training event?

- Not at all useful
- Slightly useful

Everybody at the Table for Health

- Somewhat useful
- Very useful

8. Please provide at least one suggestion that you think can apply to your work.

9. Please provide any other suggestions for topics to discuss at the next meeting, or any other comments.

(EAT4Health) Year One Annual Report **Draft**

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work, or

November 3, 2014