

Attachment 4: Offsite 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 offsite (such as a meeting of grantees at SAMHSA headquarters).

Offsite In-Person Training Feedback Form
[insert location]
[insert month, date, year]

{insert of Day One, Two, or Three} Feedback Form

Your feedback about today’s session will assist us with identifying your needs and used to inform future events. It is important to obtain information from everyone who attended today’s sessions, although your participation is voluntary. This form is completely anonymous; **please do not put your name anywhere on this form.**

1. Which of the following best describes your role on the [insert grant program name]?

For Project LAUNCH roles, use:

- | | |
|---|--|
| <input type="checkbox"/> State Lead | <input type="checkbox"/> Project Director/Principal Investigator |
| <input type="checkbox"/> Local Pilot Lead | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Lead Evaluator | |

For SS/HS Roles, use:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> State Project Coordinator | <input type="checkbox"/> Local Program Manager | <input type="checkbox"/> Evaluator |
| <input type="checkbox"/> Partner (please specify): _____ | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

2. To what extent do you agree with the following statement for each of these meeting sessions?

I am motivated and able to apply what I learned in this session.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not Attend
a. [Insert name of session and start and end time]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [Insert name of session and start and end time]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert name of session and start and end time]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION 2 COMMENTS:

3. To what extent do you agree with the following statements for DAY ONE overall?

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Overall, the agenda met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall, my needs related to the topics discussed were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am satisfied with the amount of participation I had in the sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was given adequate opportunity to get answers to my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I was able to clearly understand and follow the presentations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The conference facilities were comfortable and appropriate for my learning style.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION 3 COMMENTS:

4. What did you like best about the session content and the way sessions were implemented on DAY ONE?

5. What would you change about how DAY ONE was implemented and why?