**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the topic was not covered during today’s training, please check the N/A (Not Applicable) checkbox.**

**Some of these topics may not apply to you if you do not provide direct care to clients.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***The training today increased my understanding of:*** | **Strongly Agree** | **Agree** | **Undecided** | **Disagree** | **Strongly Disagree** | **N/A** |
| **1.** | The impact of domestic and sexual violence (DSV) and reproductive and sexual coercion (RSC) on health. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **2.**  | How to discuss the limits of confidentiality with my clients. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **3.** | How to assess for domestic and sexual violence (DSV). | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **4.** | How to assess for reproductive and sexual coercion (RSC). | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **5.** | How to work with your local DV partner to facilitate client access to advocacy services. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| ***Following the training today, I am more likely to:*** | **Strongly Agree** | **Agree** | **Undecided** | **Disagree** | **Strongly Disagree** | **N/A** |
| **6.**  | Provide anticipatory guidance on healthy relationships to all clients.  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **7.**  | Discuss the limits of confidentiality with my clients before asking about coercion or violence.  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **8.** | Assess for domestic and sexual violence (DSV) with any client.  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **9.** | Assess for reproductive and sexual coercion (RSC) with any client. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **10.** | **Please mark at least one action item that you intend to do differently following the training today:***[ ]*  Put up posters about DSV and RSC*[ ]*  Offer an in-service training for all my staff on DSV and RSC *[ ]* Call my DV partner program*[ ]* Commit to assessing for DSV and RSC regularly*[ ]* Attend, or help lead, another DSV or RSC training*[ ]*  Review the new protocol for assessing for DSV and/or RSC*[ ]*  Other (please be as specific as you can): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **11.** | **What ongoing support do you need to confidently incorporate discussion of DSV and RSC in all your encounters with clients?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***About the presentation:*** | **Strongly Agree** | **Agree** | **Undecided** | **Disagree** | **Strongly Disagree** | **N/A** |
| **12**  | The presentation was helpful and informative. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **13.** | I have learned something new about domestic violence. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **14.** | The presenters were organized and prepared. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |
| **15.** | I was able to understand the presenters. | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |

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 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

|  |
| --- |
|  |
| ***Comments and Suggestions:*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |