

ATTACHMENT C: TRAINING FOLLOW-UP FORM

**OMB No. 0930-0xxx**

**Expiration Date: xx/xx/xx**

**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 0930-0xxx. Public reporting burden for this collection of information is estimated to average 40 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.

**INITIAL EMAIL**

Dear <first name> <last name>,

Our records indicate that a couple of months ago you participated in the following event delivered/supported by the Center of Excellence for the Infant and Early Childhood Mental Health Consultation (IECMHC) initiative:

<event name>

<event date>

At the Center of Excellence, we are continually working to improve our services. To that end, we would like your feedback on the above event in which you participated.

The process involves answering only a few short questions. Click on the link below and a new browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey:

<link to feedback survey>

If you would prefer not to provide feedback, or did not participate in the event listed, click on the link below:

<link to opt-out page>

Thank you in advance for your cooperation. If you have any questions about this process, you can contact the Center of Excellence Evaluator <Name of Lead Evaluator> at <Email Address of Lead Evaluator>.

## TRAINING FOLLOW-UP FORM

Thank you for agreeing to provide us with feedback on the recent event described in the follow-up invitation. We ask that you limit your responses only to that particular event.

1. How useful has this training been to supporting your work in mental health?  
<Not at All Useful, Not Very Useful, Somewhat Useful, Very Useful>  
Comments:
2. To what extent has this training improved your capacity to do or utilize mental health consultation work? (Choose one response, and include any comments you may have.)  
<Not at All, Not Very Much, Somewhat, A Great Deal><box for open-ended responses>
3. To what extent have you implemented recommendations, ideas, or skills received in this event?  
< Fully, Partially, Not Yet Begun>  
*If respondent answers Fully or Partially, skip to Question 5.*
4. What barriers have prevented you from implementing the recommendations, ideas or skills received at this event?  
<box for open-ended responses>
5. Please; provide an example of how you have been able to apply the information, ideas, or skills delivered through this training.  
<box for open-ended responses>
6. Please rate your agreement with the following statement:  
This service was provided in a culturally appropriate manner (respectful of individual beliefs, language, perspectives, and needs).  
<Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, No Response>
7. Can you identify any way(s) in which this service could more effectively respond to your beliefs, language, perspectives, and/or needs, or those of others?  
<box for open-ended responses>
8. Feel free to provide any additional comments or suggestions about this training, including how future service could be improved.  
<box for open-ended responses>

We are required to collect demographic information on recipients of this service. Your responses will remain private and will only be reported in aggregate with those of other participants.

9. Which of the following best describes you in terms of Hispanic or Latino heritage? (Choose one.)
  - Hispanic/Latino
  - Not Hispanic/Latino
  - I prefer not to answer

10. Which of the following best describes you in terms of race/ethnicity?  
(Choose all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- I prefer not to answer

Thank you for your feedback. Click on the button below to submit your response.

## **FINAL EMAIL**

Dear <first name> <last name>,

Our records indicate that a couple of months ago you participated in the following event delivered/supported by the Center of Excellence for the Infant and Early Childhood Mental Health Consultation (IECMHC) initiative:

<event name>

<event date>

At the Center of Excellence, we are continually working to improve our services. To that end, we would like your feedback on the above event in which you participated.

**We will be closing access to this feedback form very soon. Can you please reply by <survey closing date>?**

The process involves answering only a few short questions. Click on the link below and a new browser window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

Click on this link to begin the feedback survey:

<link to feedback survey>

If you would prefer not to provide feedback, or did not participate in the event listed, click on the link below:

<link to opt-out page>

Thank you in advance for your cooperation. If you have any questions about this process, you can contact the Center of Excellence Evaluator <Name of Lead Evaluator> at <Email Address of Lead Evaluator>.