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| Activity title:  | BULLYING PREVENTION ONLINE COURSE |

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| Activity #: | WB2585 | Proposed start/release date: (MM/DD/YYYY) |  |

OMB Control No. 0920-1009

Exp. Date 02/29/2020

The public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1009)

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| Please take a moment to give us your feedback and write your comments in the boxes provided. |
| **Activity Specific** |

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| --- | --- | --- | --- | --- | --- |
|  |  | **Very knowledgeable** | **Knowledgeable** | **Somewhat knowledgeable** | **Not at all knowledgeable** |
|  | Before this training, I was very knowledgeable overall about the issue of bullying and best practices in bullying prevention. | 🔿 | 🔿 | 🔿 | 🔿 |
|  | After this training, I consider myself very knowledgeable overall about the issue of bullying and best practices in bullying prevention and response. | 🔿 | 🔿 | 🔿 | 🔿 |
| **After this training, I will…** | **Very likely** | **Likely** | **Unlikely** | **Very Unlikely** |
|  | Acquaint colleagues/staff about bullying | 🔿 | 🔿 | 🔿 | 🔿 |
|  | Conduct bullying awareness workshop at regional or national conferences | 🔿 | 🔿 | 🔿 | 🔿 |
|  | Hold a bullying awareness workshop for a local chapter/association/meeting of colleagues (single sector) | 🔿 | 🔿 | 🔿 | 🔿 |
|  | Organize a multi-agency/discipline group to convene a town hall or community event to raise awareness | 🔿 | 🔿 | 🔿 | 🔿 |
|  | Organize a multi-agency/discipline group to convene a community event and facilitate action plans for prevention responses | 🔿 | 🔿 | 🔿 | 🔿 |
|  |
|  | What profession/sector do you represent? | 1.       Education2.       Healthcare Provider3.       Safety, First-response, and Law Enforcement4.       Child Care, After-School & Out-of-School Care5.       Faith-Based 6.       Private Corporation or Business7.       Mental Health & Social Service8.       Parents & Caregivers9.       Youth Leaders Organizations10.   City/County Recreation11.   Policy Maker12.   Public Health13.   Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |  | **Very Satisfied** | **Satisfied** | **Dissatisfied** | **Very Dissatisfied** |
|  | Please rate how satisfied you are overall with the bullying prevention continuing education online course. | 🔿 | 🔿 | 🔿 | 🔿 |
|  |
|  |  | **Strongly Agree** | **Agree** | **Neither / Undecided** | **Disagree** | **Strongly Disagree** | **N/A** |
|  | Overall, the quality of the course was excellent. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
|  | The course met my expectations for the topic. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
|  | I will recommend this course to others. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
|  |
|  | What did you like most about the training? | *(open-ended)* |
|  | What aspects of the training could be improved? | *(open-ended)* |