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OMB Control No: 0970-0401

Expiration date: 5/31/18

# Post-Training Evaluation Survey

Feedback Set Preview

**Set Name: Activity Evaluation SOAR Training**

Please note that your comments within this Evaluation are anonymously coded with a unique identifier number. Completion of this evaluation in its entirety is required to receive Continuing Education (CE) credit. Please note that you will be receiving a second and final evaluation reminder in four days. If you have already completed the course evaluation by then, please disregard that follow-up message.

**Pre-test**

| Rate your level of confidence in being able to: |
| --- |
| 1. Describe the types of human trafficking in the United States
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Recognize possible indicators of human trafficking
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Show others how to identify and respond to potential trafficking victims
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Respond appropriately to potential human trafficking in your community
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Respond appropriately to potential human trafficking in your community
 | * Very Low
* Low
* Moderate
* High
* Very High
 |

**Post-test**

I. OVERALL ACTIVITY OBJECTIVES

| Rate your level of confidence in being able to: |
| --- |
| 1. Describe the types of human trafficking in the United States
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Recognize possible indicators of human trafficking
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Show others how to identify and respond to potential trafficking victims
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Respond appropriately to potential human trafficking in your community
 | * Very Low
* Low
* Moderate
* High
* Very High
 |
| 1. Respond appropriately to potential human trafficking in your community
 | * Very Low
* Low
* Moderate
* High
* Very High
 |

II. COMMITMENT TO CHANGE

1. Which of the following SOAR tools and strategies do you commit to using in your work environment with regard to advocacy for potential victims of human trafficking? Please select all that apply:

Add human trafficking topic to Meetings/Briefs/Huddles

Debrief others on this training

Encourage team members to speak up and challenge when appropriate

Share resources

Display tips and referral information in prominent work areas

None

Other (please explain):

1. Of these barriers listed below which do you believe will be a SIGNIFICANT CHALLENGE to keeping your commitment to change (check all that apply)?

Lack of senior leadership support

Lack of frontline champions/coaches/trainers

Lack of frontline leadership support and accountability

Continuous turnover and shortages of key personnel

Competing priorities/Lack of urgency

Other (please explain):

III. IMPACT OF TRAINING

1. I am confident that I will be able to use the knowledge and skills that I learned during SOAR training when I return to my job.
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree

IV. COURSE CONTENT AND DELIVERY

1. This training activity met my educational needs.
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree
1. The educational materials provided during this training were useful.
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree
1. The activity provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.)
* Strongly Agree
* Agree
* Neutral/Moderate
* Disagree
* Strongly Disagree
1. Overall were the instructors knowledgeable regarding the content?
* Yes
* No
1. How much did you learn in this activity?

     

A Great Deal Very Little

1. What aspects of this training activity were most beneficial?

13.

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What could improve this training activity?

V. DISCLOSURE OF FINANCIAL RELATIONSHIPS

1. Were you provided disclosure of relevant financial relationships between faculty and commercial entities?
* Yes
* No
* Not Sure
1. Was there any bias in favor of a product present to the extent that the presentation was unbalanced or represented commercial promotion?
* Yes
* No
* Not Sure
1. PARTICIPANT AFFILIATION
2. How did you hear about the SOAR training?
* Website
* Email
* Blog Post
* Social Media (Facebook, Twitter, etc.)
* Word of mouth
* Conference
* Other (please explain):

1. What professional continuing education (CE) credit are you requesting for this training activity?
* ACCME CME (Physicians ­ Physicians Assistants ­ Nurse Practitioners)
* ACHE (Healthcare Executives)
* ACPE (Pharmacists – Pharmacy Techs)
* ADA CERP (Dentists – Dental Technicians)
* ANCC CNE (Nurses ­ Nurse Practitioners)
* APA (Psychologists - Social Workers - Marriage and Family Therapists)
* Non-Physician Medical Staff (EMT – Paramedics – Chiropractors – All other medical staff not meeting above professional requirements)
* IACET CEU (Non­Specific Continuing Education Unit)
1. At what type of facility do you primarily work? Please select only ONE.
* Hospital only
* Ambulatory Clinic only
* Both Hospital and Ambulatory Clinic
* Social Services Setting
* Other (please explain):

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