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Office of Adolescent Health (OAH)
Grantee Group Technical Assistance (TA)
Satisfaction Surveys

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

## Office of Adolescent Health (OAH) Grantee Group Technical Assistance (TA) Survey Satisfaction Survey

## **E-mail Transmittal Script and Instructions**

Dear OAH Grantee:

Thank you again to those of you who participated on the [TPP/PAF] Group Call on [Title of TA Event] on [DATE month/date/year]. If you have not yet done so, we would greatly appreciate your feedback. Please use the link below to complete a brief survey about the discussion and your experience. Thank you in advance for your participation.

To provide your feedback, please visit: <a href="https://www.surveymonkey.com/r/[survey code">https://www.surveymonkey.com/r/[survey code</a>]

If you have any questions, please email <a href="mailto:OAHPAFTA@mayatech.com">OAHPAFTA@mayatech.com</a>.

| Group T/TA Feedback         |  |
|-----------------------------|--|
| OAH Grantee Feedback Survey |  |
| 1. Grant Type               |  |
| PAF                         |  |
| TPP Tier 1A                 |  |
| TPP Tier 1B                 |  |
| TPP Tier 2A                 |  |
| TPP Tier 2B                 |  |
| FY 2018 TPP Tier 2          |  |
|                             |  |
| * 2. TA Topic               |  |
|                             |  |
|                             |  |
| * 3. Date of TA Activity    |  |

Date

MM/DD/YYYY

| lease rate your agre  | Strongly Disagree | Disagree   | Neutral    | Agree      | Strongly A |
|---|-------------------|------------|------------|------------|------------|
| The objectives identified at the onset of the TA activity were met.                 | $\bigcirc$        | $\bigcirc$ | $\bigcirc$ | $\circ$    |            |
| The format for the TA activity was effective in facilitating knowledge exchange.    | 0                 | 0          | 0          | 0          | 0          |
| The technology used was effective in facilitating knowledge exchange.               | 0                 | 0          | 0          | 0          | 0          |
| The information/resources provided during the TA activity fulfilled my TA needs.    |                   | $\bigcirc$ |            |            | 0          |
| As a result of this TA activity, I am better informed about the presented topic(s). | 0                 | $\bigcirc$ | $\bigcirc$ | 0          |            |
| I can apply the information learned in my practice/service setting.                 | $\bigcirc$        | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\circ$    |
| This TA activity was a good use of my time/my team's time.                          | 0                 | 0          | 0          | 0          | 0          |
| lease rate your agre<br>nat TA provider can<br>nember:                              |                   |            |            |            |            |
| The TA<br>provider(s) was/were<br>knowledgeable about<br>the subject matter.        | 0                 | 0          |            | 0          |            |
| The TA provider(s) clearly presented the information.                               | $\circ$           | $\bigcirc$ |            | $\bigcirc$ | 0          |
| The TA provider(s) was/were responsive to the participants.                         | $\bigcirc$        | $\bigcirc$ |            |            | 0          |
| The TA provider(s) effectively managed  | $\bigcirc$        | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

available time.

| 6. | What else would you have liked to learn from this TA activity?                  |   |  |  |  |  |
|----|---|---|--|--|--|--|
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
| 7. | In what ways could this TA activity be improved - either in delivery or content | ? |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
| 8. | What other TA topics would be of interest to you?                               |   |  |  |  |  |
|    | ,   |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |
| 9. | Do you have any additional comments?  |   |  |  |  |  |
| 7. | Do you have any additional comments:  |   |  |  |  |  |
|    |   |   |  |  |  |  |
|    |   |   |  |  |  |  |

Thank you for your participation.