Form Approved 0990-0379 Exp. Date: XX/XX/XX2X

Office of Adolescent Health (OAH)

Individual Technical Assistance (TA) Survey

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 Satisfaction Surveys

Individual TA Survey

E-mail Transmittal Script and Instructions

Dear OAH Grantee:

We would greatly appreciate your feedback on your recent technical assistance. Please use the link below to complete a brief survey about your experience. Thank you in advance for your participation.

To provide your feedback, please visit: https://www.surveymonkey.com/r/[survey code]

If you have any questions, please email OAHPAFTA@mayatech.com.

Individual T/TA Participant Feedback

OAH Grantee Satisfaction 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/VVVV	

4. Please rate your agree	ement with the foll Strong Disagree	owing statemen Disagree	ts related to the Ta Neutral	A request process Agree	s: Strongly Agree
This TA Request was processed in a timely manner.				\bigcirc	0
The TA provided addressed the needs identified in the TA request.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The MayaTech Technical Associate was helpful in the TA process.		\circ	\bigcirc	\bigcirc	
The Project Officer was helpful in the TA process.	\circ	\circ	\circ	0	\circ

1. Please rate your agreement with the following statements related to the TA activity:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The objectives identified at the onset of the TA activity were met.	\bigcirc				
The information/resources provided during the TA activity fulfilled my TA needs.			\bigcirc		
As a result of this TA activity I am better informed about the subject matter.	\bigcirc		\bigcirc	\bigcirc	
I can apply the information learned in my practice/service setting.	\circ	\bigcirc	\circ	\bigcirc	\bigcirc
The format for the TA activity was effective in facilitating knowledge exchange.	\circ	\bigcirc	\circ	\bigcirc	0
The technology used was effective in facilitating knowledge exchange.	0	\circ	\circ	\bigcirc	\bigcirc
This TA activity was a good use of my time time.	0	\circ	0	0	0

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
The TA Provider(s) was/were knowledgeable about the subject matter.	0	0	0	0	0		
The TA Provider(s) clearly presented the information.	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc		
The TA Provider(s) was/were responsive to the participants.	\circ	\circ	\circ	0	0		
The TA Provider(s) effectively managed available time.	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc		
 3. What else would you have liked to learn from this TA activity? 4. In what ways could this TA activity be improved - either in delivery or content? 5. What other TA topics would be of interest to you? 6. Do you have any additional comments? 							
o. Do you have al	iy additional Collin	icito:					

2. Please rate your agreement with the following statements related to the TA provider(s). Note that TA provider can refer to a subject matter expert, a grantee presenter, or an OAH staff member:

Thank you for your participation.