



***Instructions for Survey Development:*** For each TTA event, a survey will be emailed to participants immediately after the event to gather feedback on participants' overall satisfaction with the event as well as capture participants' learning from the event. For more intensive TTA interventions, a short survey will be emailed to participants 6 and 12 months following the event to understand how participants applied what they learned from the TTA intervention.

**OMB Control No.: 0970-0401**  
**Expiration Date: 5/31/2021**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to solicit feedback on the effectiveness of technical assistance and training activities. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, 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 subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # for this collection is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact James Butler, Family Assistance Program Specialist, at james.butler@acf.hhs.gov or 202-401-9284.

Dear *[Insert First Name of Participant]*,

Thank you for joining yesterday's [Name of Event]. We appreciated your participation and hearing participants' thoughtful comments and questions on [Event Topic]. Please take a few minutes to share feedback about your experience to help us improve future technical assistance services.

This brief survey is voluntary, and all feedback will be kept private. To further protect your privacy please refrain from including personally identifiable information in open-ended responses.

Title: *[insert Name of Event]*

Date of Event: *[insert Date of Event]*

Learning Objectives: *[insert Learning Objectives for Event]*

1. Before participating in the *[insert Name of Event]*, how would you describe your knowledge of *[insert Event Topic]*?

- No knowledge
- Minimal knowledge
- Moderate knowledge
- A high level of knowledge

2. Did you find the content presented in this *[insert appropriate descriptor: webinar / convening / TA support / workshop]* to be too simple, too advanced, or just about right?

- Far too advanced
- A bit too advanced
- About right
- A bit too simple
- Far too simple

3. Please select your level of agreement with the following statements about the *[insert Name of Event]*.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The expertise of the presenter was appropriate for the goals of this <i>[insert descriptor: webinar / convening / TA support / workshop]</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The presenter was responsive to participants' questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The content of this <i>[insert appropriate descriptor: webinar / convening / TA support / workshop]</i> was relevant to my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The <i>[insert Name of Event]</i> has increased my knowledge of <i>[insert Event Topic]</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The <i>[insert Name of Event]</i> has motivated me to continue learning about <i>[insert Event Topic]</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am satisfied with the overall quality of the <i>[insert Name of Event]</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How do you plan to apply the information learned from the *[insert Name of Event]* in your work? (Please check all that apply)
- Support program improvement
  - Support policy development
  - Provide information to customers, participants, or families
  - Share information with peers or colleagues
  - Support public awareness or advocacy efforts
  - Grant writing or fundraising
  - Train staff or colleagues
  - Conduct research and evaluation
  - My own professional development
  - I do not plan to use or apply what I learned
  - Other
    - i. Please specify \_\_\_\_\_
5. *[For those who agree or strongly agree to question 4]* How often do you anticipate applying what you learned to your work?
- Daily
  - Weekly
  - Monthly
  - Quarterly
  - Annually
6. *[For those who disagree or strongly disagree to question 3h]* Please describe how *[insert Name of Event]* can be improved.
7. Which of the following best describes your position or role?
- Administrative leadership
  - Training department or division staff
  - Board of Directors or Tribal Council
  - Case worker or direct practice worker
  - Supervisor or manager
  - Contracted service provider
  - Other *Please specify* \_\_\_\_\_
8. How many years of experience do you have in your current profession?
- Less than 1 year
  - 1-5 years
  - 6-10 years
  - 11-15 years
  - 16+ years

9. Which of the following best describes your workplace?

- State or territory public agency  
*Please specify your agency \_\_\_\_\_*
- Local or county public agency  
*Please specify your agency \_\_\_\_\_*
- Tribal agency or organization
- Federal agency  
*Please specify your agency \_\_\_\_\_*
- Nonprofit, community-based, or faith-based organization
- Other  
*Please specify \_\_\_\_\_*

10. In which state/territory/tribe do you work?

*Please specify \_\_\_\_\_*

**The following survey will be sent to participants of intensive TTA interventions 6 and 12 months after completion of the event.**

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Dear *[Insert First Name of Participant]*,

Greetings from the PeerTA team! Since it has been *[insert 6 or 12]* months since you completed *[Insert Name of Event]*, we thought it would be good time to find out how you are applying the skills you may have learned from the *[insert descriptor: convening / workshop / convening / training]*. This information helps us understand the effectiveness of the *[insert Name of Event]* and identify opportunities for improvement.

This brief survey is voluntary, and all feedback will be kept private. To further protect your privacy please refrain from including personally identifiable information in open-ended responses.

*Title: [insert Name of Event]*

*Date of Event: [insert Date of Event]*

*Learning Objectives: [insert Learning Objectives for Event]*

1. Reflecting on the past *[insert 6 or 12]* months, how have you applied or used the information from the *[insert Name of Event]* in your work?  
Please check all that apply.

- Reviewed the materials/resources/handouts
- Researched additional materials or information about the topic
- Used the information in drafting internal memos, plans, or reports
- Used information to make recommendations to agency leadership or staff
- Used the information to support a grant or other fundraising effort
- Presented ideas to support program improvement based on what I learned
- Used information to support my work with participants, customers, or families
- Shared the information I learned with my colleagues or peers
- Used the information to support public awareness or advocacy efforts
- Trained other staff or colleagues on what I learned
- Other
  - i. Please specify \_\_\_\_\_
- I have not applied or used the information I learned

2. *[For those who apply what they learned]* Thinking about the past *[insert 6 or 12]* months, how often would you say that you apply what you learned to your work?

- Daily
- Weekly
- Monthly
- Quarterly
- Annually

3. [For those who shared what they learned] Thinking about the past [insert 6 or 12] months, how many people have you shared with others what you learned?

- 1-5
- 6-10
- 10-20
- 20 or more

4. Which of the following best describes your position or role?

- Administrative leadership
- Training department or division staff
- Board of Directors or Tribal Council
- Case worker or direct practice worker
- Supervisor or manager
- Contracted service provider
- Other Please specify \_\_\_\_\_

5. How many years of experience do you have in your current profession?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16+ years

6. Which of the following best describes your workplace?

- State or territory public agency  
Please specify your agency \_\_\_\_\_
- Local or county public agency  
Please specify your agency \_\_\_\_\_
- Tribal agency or organization
- Federal agency  
Please specify your agency \_\_\_\_\_
- Nonprofit, community-based, or faith-based organization
- Other  
Please specify \_\_\_\_\_

7. In which state/territory/tribe do you work?

Please specify \_\_\_\_\_