

Protocol for New GPRA Process for all US-based TTCs

The Technology Transfer Center Networks comprise all Regional and National ATTCs, MHTTCs and PTTCs. A uniform data collection tool will be used by all grantees.

GPRA Post-Event Form - Domestic (GPRA-PEF-D):

- This form will collect information on participant demographics and satisfaction with the TTC event.
- The GPRA-PEF-D will be used for all events (training, technical assistance, and meetings) regardless of the length of the event.

GPRA Follow-up Form - Domestic (GPRA-FU-D): (aka the 30-day follow-up)

- This form will collect follow-up data for events lasting at least three hours (or more) in length.
- This form will collect information on application and usefulness of the information gained during the TTC event.

Burden Statement: This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of program monitoring of the Technology Transfer Centers (TTC) Network Program. This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of the TTC Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-03xx. Public reporting burden for this collection of information is estimated to average less than 10 minutes per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15 E57B, Rockville, MD 20857.

GPRF Follow-up Form-Domestic (GPRF-FU-D)

Event Name: _____

Please print clearly in the boxes below using blue or black ink. Print only one number or letter in each square. Upper case letters only.

Personal Code (please use upper case letters):			
First letter in Mother's first name:	<input type="text"/>	First letter in Mother's maiden name:	<input type="text"/>
First Digit of Social Security Number:	<input type="text"/>	Last Digit of Social Security Number:	<input type="text"/>

1. The information from this event has benefited my professional development and/or practice.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

2. I have used the information gained from this event to change my practice.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

9. What topics would you like to see offered by the TTC?

10. What learning format would you suggest for the trainings you would like to see offered?

Personal Code (please use upper case letters):

First letter in Mother's first name:

First letter in Mother's maiden name:

First Digit of Social Security Number:

Last Digit of Social Security Number:

Thank you for completing our survey.