**Violence Prevention Technical Assistance Center**

# Participant Feedback Form

OMB Control No. 0920-1050

Exp. Date 05/31/2022

The public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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 unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1050)

Thank you for participating in today’s training and technical assistance (TTA) event. To help us meet your technical assistance needs, please take a few minutes to complete the brief survey below.

1. **Please indicate whether you are involved in any of the following CDC-funded programs. (Check all that apply.)**

* Rape Prevention and Education (RPE)
* Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact
* Essentials for Childhood: Implementation of Strategies and Approaches for Child Abuse and Neglect Prevention
* Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors (also known as “1605”)
* None of the above
* Not sure

1. **Please describe your type of organization.**

* State health department
* Local health department
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Briefly describe your primary role in your organization:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Briefly describe what you desired to learn by attending this group TTA event:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Based on your answer to #4, to what extent did you learn what you desired to learn?**

* Very much
* To some extent
* A little
* Not at all

1. **Please rate your level of agreement (*strongly disagree*, *disagree*, *agree*, or *strongly agree*) with the following statements about what you learned in this group TTA event.**

| *As a result of this group TTA event, I better understand…* | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| --- | --- | --- | --- | --- |
| Learning objective #1 |  |  |  |  |
| Learning objective #2 |  |  |  |  |
| Learning objective #3 |  |  |  |  |

1. **Please rate your level of agreement (*strongly disagree*, *disagree*, *agree*, or *strongly agree*) with the following statements about the quality of this group TTA event.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| I intend to use or apply information gained from this event in my professional work. |  |  |  |  |
| I understood the information that was presented. |  |  |  |  |
| The event increased my knowledge of the topic. |  |  |  |  |
| The teaching methods were effective. |  |  |  |  |
| I connected with other people doing this work. |  |  |  |  |

1. **What would you do to improve this group TTA event? (Check all that apply.)**

* Provide more/better information before the event
* Reduce the amount of content covered
* Improve the instructional methods
* Offer the event at a more convenient time
* Slow down the pace
* Speed up the pace

1. **Overall, how satisfied were you with this TTA event?**

* Very dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Very satisfied

1. **How do you intend to use what you’ve learned during this group TTA event?**

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1. **Are there any other group TTA events you would like to see offered, or specific topics that you heard about today that you would like to learn more about?**

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1. **Please provide your name and contact information if you suggested additional events or topics and would be comfortable with having us follow up to discuss.**

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