Form Approved

OMB No. 0920-xxxx

Exp. Date: xx/xx/xxxx

**Capacity Building Assistance Program: Data Management, Monitoring, and Evaluation**

**Attachment 9**

**Post-Technical Assistance Evaluation (PTAE)**

Public reporting burden of this collection of information is estimated to average 5 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: OMB-PRA (0920-New)

 **Post-TA Evaluation (PTAE)**

Thank you for participating in a capacity building assistance (CBA) technical assistance (TA) event delivered by a CDC-sponsored CBA provider. CDC is seeking feedback about your experience with the TA services recently received. Your feedback is extremely important to us and will be used to ensure that the CBA program is meeting the needs of the HIV prevention workforce.

Participation in this survey is voluntary. If you participate, your name and individual responses will not be reported. Your feedback will be combined with the responses of others to see if there are any patterns in the feedback. Completing the questions should take approximately 5 minutes.

The results of this survey will provide valuable information that can be used to improve CBA training and TA services, so your organization continues to strengthen its ability to improve performance and maximize impact. Working together, we will end the HIV epidemic.

Thank you in advance for your time and assistance! If you have any questions about this survey, please feel free to email us at CBAEvaluations@cdc.gov or call us at (404) 498-0196.

**Instructions**: Thinking about the technical assistance (TA) you received for [pre-populated description], please select your response to each question.

1. How satisfied are you with the following?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Neither satisfied or dissatisfied | Dissatisfied | Very dissatisfied | Not applicable |
| Knowledge demonstrated by TA provider  |  |  |  |  |  |  |
| Responsiveness (a quick and positive reaction) of TA provider to address the issues that arose during TA |  |  |  |  |  |  |
| Communication methods (e.g., phone, email, online, site visit, postal mail or shipping carrier) used during the delivery of TA |  |  |  |  |  |  |
| TA delivery mechanisms (e.g., skill building, peer-to-peer exchange, tailored resources)  |  |  |  |  |  |  |
| Usefulness of TA provided |  |  |  |  |  |  |
| Overall quality of the TA services provided |  |  |  |  |  |  |

1.a. Please share your suggestions for improving the following:

[CTS survey programming will pre-populate the table with the statements that received a “Dissatisfied” or “Very dissatisfied” response.]

|  |  |
| --- | --- |
|  [Pre-populate fields below based on response to previous question] | Comments  |
| Aspect #1 |  |
| Aspect #2 |  |

1. To what extent do you agree with the following statements?

|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Not applicable |
| --- | --- | --- | --- | --- | --- | --- |
| The TA services were tailored to directly address my needs, interests, or concerns. |  |  |  |  |  |  |
| The TA improved my knowledge and/or skills. |  |  |  |  |  |  |
| I would recommend this TA provider to someone who needs similar TA. |  |  |  |  |  |  |

1. Please share your suggestions for improving the following:

[CTS survey programming should pre-populate the table with the statements that received a “Disagree” or “Strongly disagree” response.]

|  |  |
| --- | --- |
| [Pre-populate fields below based on response to previous question] | Comments  |
| Statement #1 |  |
| Statement #2 |  |

1. Are there barriers to applying the knowledge and/or skills received during this TA event (e.g., lack of time, support, equipment)?
* Yes
* No 🡪 Go to Question 7
* Not sure/ Don’t know 🡪 Go to Question 7
1. What are the barriers to applying the knowledge and/or skills?

[TEXT BOX]

1. Will additional TA from CDC help you to address the barrier(s)?
* Yes [provide a pop-up box with information about how to request TA]
* No
* Not sure/ Don’t know [provide a pop-up box with information about how to request TA]
1. Do you have any suggestions for improving TA services, events, activities, products, or resources?
* Yes
* No 🡪 Go to “Thank You” message
* Not sure/ Don’t know 🡪 Go to “Thank You” message
1. Please share your suggestions for improving TA services, events, activities, products, or resources:

[TEXT BOX]

***Thank you for your feedback. Your input is important to the improvement of our capacity building assistance services.***