**Appendix B**

OMB Control No. 0970-0401

Expiration Date: 05/31/2021

**PATH Technical Assistance Evaluation Feedback Form**

**Public Burden Statement**: 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. The OMB control number for this project is 0970-0401. Public reporting burden for this collection of information is estimated to an average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, 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 Anne Bergan, Office of Child Care, Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street SW, Suite 3014F, Washington, DC 20024.

**Use of Data:** Thank you for providing feedback about the effectiveness of the TA you received. This form should take approximately 30 minutes to complete. Your feedback provides valuable information about the effectiveness of the TA provided by PATH. We analyze and review the results with rigor and incorporate your suggestions to continuously improve the quality of TA.

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| **Tribal Home Visiting Team Role** |
| **Please indicate if the Evaluation Feedback Form was completed as a group/team shared process or by one lead person.**  | [ ]  Individual[ ]  Team |
| **For those who participated in completing this form, please select the number of individuals in each home visiting role category.** | Choose an item. | Grantee Director/Manager/Coordinator |
| Choose an item. | Grantee Data/ Evaluation Staff |
| Choose an item. | Grantee Consultant |
| Choose an item. | Grantee Grants Management/Fiscal Staff |
| Choose an item. | Home Visitor |
| Choose an item. | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How long have you been in this role?** (skip logic if one “lead person” completed the form) |  Less than 1 year  3-5 years  1-3 years  More than 5 years |
| **Provision of TA** |
| **In the last 12 months, did your program participate in any TA related to these topics (select all that apply)?** | [ ]  Tribal/Organizational Leadership Support[ ]  Quality Workforce & Quality Workforce Management[ ]  Fidelity Monitoring/Model Fidelity[ ]  Community & Partner Engagement[ ]  Recruitment, Enrollment & Engagement of Families[ ]  Dissemination[ ]  Early Childhood Systems Building[ ]  Policies and Procedures[ ]  Sustainability[ ]  Adaptation, Enhancements and Supplements[ ]  Other (e.g., breastfeeding support for new mothers, depression, substance abuse) ­­­­­­­­­­ (please specify) \_\_\_ |
| **If you did not utilize TA, please explain why (e.g., your program did not have needs).** |   |
| **TA Outcomes** |
| **To what extent has your team improved their knowledge related to this topic due to PATH TA?**  | Tribal/Organizational Leadership Support | Choose an item. |
| Quality Workforce & Quality Workforce Management | Choose an item. |
| Fidelity Monitoring/Model Fidelity | Choose an item. |
| Community & Partner Engagement | Choose an item. |
| Recruitment, Enrollment & Engagement of Families | Choose an item. |
| Dissemination | Choose an item. |
| Early Childhood Systems Building | Choose an item. |
| Policies and Procedures | Choose an item. |
| Sustainability | Choose an item. |
| Adaptation, Enhancements and Supplements | Choose an item. |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose an item. |
| **To what extent has your program implemented new strategies or made changes related to this topic due to PATH TA?**  | Tribal/Organizational Leadership Support | Choose an item. |
| Quality Workforce & Quality Workforce Management | Choose an item. |
| Fidelity Monitoring/Model Fidelity | Choose an item. |
| Community & Partner Engagement | Choose an item. |
| Recruitment, Enrollment & Engagement of Families | Choose an item. |
| Dissemination | Choose an item. |
| Early Childhood Systems Building | Choose an item. |
| Policies and Procedures | Choose an item. |
| Sustainability | Choose an item. |
| Adaptation, Enhancements and Supplements | Choose an item. |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose an item. |
| **To what extent has PATH TA assisted you in achieving your implementation plan goals related to this topic?** | Tribal/Organizational Leadership Support | Choose an item. |
| Quality Workforce & Quality Workforce Management | Choose an item. |
| Fidelity Monitoring/Model Fidelity | Choose an item. |
| Community & Partner Engagement | Choose an item. |
| Recruitment, Enrollment & Engagement of Families | Choose an item. |
| Dissemination | Choose an item. |
| Early Childhood Systems Building | Choose an item. |
| Policies and Procedures | Choose an item. |
| Sustainability | Choose an item. |
| Adaptation, Enhancements and Supplements | Choose an item. |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose an item. |
| **Meeting TA Needs** |
| **How helpful are these TA method(s)?** | **Peer Calls** | **On-site or In-Person TA** | **PATH Resources & Tools** | **Individual TA by your TA Specialist Over the Phone or Video** | **Working Sessions** (insert working session offered) | **Virtual Site Visit TA** | **All Grantee Meeting (AGM) and Regional Meetings** | **Virtual Learning Opportunities** (insert opportunities offered) |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **If you received TA in these topic areas, to what extent did PATH meet your TA needs?** | Tribal/Organizational Leadership Support | Choose an item. |
| Quality Workforce | Choose an item. |
| Fidelity Monitoring/Model Fidelity | Choose an item. |
| Community & Partner Engagement | Choose an item. |
| Recruitment, Enrollment & Engagement of Families | Choose an item. |
| Dissemination | Choose an item. |
| Early Childhood Systems Building | Choose an item. |
| Policies and Procedures | Choose an item. |
| Sustainability | Choose an item. |
| Adaptation, Enhancement and Supplement | Choose an item. |
| Other­­­­­­­­­­ (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose an item. |
| **What TA experiences with PATH would you say have been the most successful in helping your program meet the grant requirements? Why?** |  |
| **Briefly describe unmet TA needs.** |  |
| **Please provide additional information to help explain your responses.** |  |
| **Understanding of Tribes/Tribal Communities and Quality Relationships** |
| **PATH demonstrates a strong understanding of:** |
| Tribal Home Visiting implementation. | Choose an item. |
| how to effectively connect us with peers through various TA methods. | Choose an item. |
| how to support us in achieving our home visiting program goals. | Choose an item. |
| how to respect the unique positions of tribes. | Choose an item. |
| the strength of our tribal community/organization. | Choose an item. |
| how evidence-based home visiting models are best implemented in tribal communities. | Choose an item. |
| the unique positions of home visiting within tribes and tribal communities. | Choose an item. |
| Please provide additional information to help explain your responses. |  |
| **My Path Specialist:** |
| engages in inquiry to better understand our needs before engaging in TA. | Choose an item. |
| is responsive to our unique needs. | Choose an item. |
| is knowledgeable about our program. | Choose an item. |
| engages in joint problem-solving. | Choose an item. |
| demonstrates feelings of care and empathy. | Choose an item. |
| has built a trusting and satisfactory relationship with our team.  | Choose an item. |
| is approachable, and we feel comfortable asking for support. | Choose an item. |
| Overall, we are satisfied with our TA Specialist. | Choose an item. |
| Is there more you would like to share about your TA Specialist? |  |
| **Satisfaction with TA and Timeliness of TA** |
| Overall, I am satisfied with PATH TA. | Choose an item. |
| In the past 12 months, TA was delivered when it was relevant for your program. | Choose an item. |
| How can PATH improve TA to better support your successful home visiting implementation? |  |
| Please provide additional information to help explain your responses. |  |