

# RHYTTAC Training and Technical Assistance Event Feedback Form

Thank you for taking the time to complete this brief evaluation form. To assess the quality and value of the Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) training or technical assistance (TTA) event you attended, the Family and Youth Services Bureau (FYSB) and RHYTTAC request your response the following questions. The information provided will be used to inform future training and technical assistance and learning events. Your participation is voluntary, and the information provided is anonymous and will only be reported in aggregate.

## Section 1. Training & Technical Assistance Event Background

TAB\_1 Please select the type of training or technical assistance event you attended.

1. TA Café
2. Webinar
3. Peer to Peer Learning Community
4. Guided Training
5. Regional Training Institute
6. Other

**If TAB\_1=6, go to TAB\_2**

TAB\_2 Please describe the type of training/technical assistance event: \_\_\_\_\_ **[open text field]**

**If TAB\_1=1, go to TAB\_3\_1**

**If TAB\_1=2, go to TAB\_3\_2**

**If TAB\_1=3, go to TAB\_3\_3**

**If TAB\_1=4, go to TAB\_3\_4**

**If TAB\_1=5, go to TAB\_3\_5**

**If TAB\_1=6, go to TAB\_3\_6**

TAB\_3\_1 Please select the title and date of the TA Café you attended.

1. **[Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won't be visible to the respondent.]**
2. ...

**3. ...**

TAB\_3\_2 Please select the title and date of the Webinar you attended.

**1. [Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won't be visible to the respondent.]**

**2. ...**

**3. ...**

TAB\_3\_3 Please select the title and date of the Peer to Peer Learning Community you attended.

**1. [Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won't be visible to the respondent.]**

**2. ...**

**3. ...**

TAB\_3\_4 Please select the title of the Guided Training you participated in.

**1. [Drop-down list updated approximately monthly. New upcoming events added. Response code (number) for each option remains unique for analysis purposes but won't be visible to the respondent.]**

**2. ...**

**3. ...**

TAB\_3\_5 Please select the title and date of the Regional Training Institute you attended.

**1. [Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won't be visible to the respondent.]**

**2. ...**

**3. ...**

TAB\_3\_6 Please list the title and date of the training/technical assistance event you participated in: \_\_\_\_\_ **[open text field]**

**If TAB\_1=1, 2, 3, or 4, TAB\_4 does not appear, go to TAB\_5**

TAB\_4 Was the format of this training/technical assistance event virtual or in-person?

1. Virtual
2. In-person

TAB\_5 Please select your region.

1. Region 1 (VT, NH, ME, MA, RI, CT)
2. Region 2 (NY, NJ, Puerto Rico, Virgin Islands)
3. Region 3 (PA, WV, VA, MD, DC, DE)
4. Region 4 (KY, TN, NC, SC, GA, AL, MS, FL)
5. Region 5 (MN, WI, MI, IL, IN, OH)
6. Region 6 (NM, TX, OK, AR, LA)
7. Region 7 (NE, IA, MO, KS)
8. Region 8 (MT, ND, SD, WY, CO, UT)
9. Region 9 (CA, NV, AZ, HI, AS, Mariana, Micronesia, Guam, Palau, Marshall Islands)
10. Region 10 (AK, WA, OR, ID)

TAB\_6 Please select your role in your organization.

1. Executive Leadership
2. Program Leadership
3. Program Administration/Operations
4. Clinical Staff
5. Case Manager
6. Youth Care Worker
7. Volunteer/Intern
8. Youth or Young Adult Leader/Advisor
9. Other (please specify)

**If TAB\_6=9 go to TAB\_7, otherwise go to TOC\_1**

TAB\_7 Please list your role: \_\_\_\_\_ **[open text field]**

## Section 2: Topic and Content

Select the option that best represents your experience with each of the following statements related to the **topic and content** of the training/technical assistance (TTA) event you participated in.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
TOC_1 The <b>topic(s)</b> was/were							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
relevant to the services provided by my organization.							
TOC_2 The <b>topic(s)</b> was/were timely, considering key issues our RHY program(s) face(s) today.							
TOC_3 I gained valuable new knowledge or skills on the <b>topic(s)</b> that I can integrate into my work.							
TOC_4 The <b>content</b> (of the presentation or discussion) improves my understanding of how to identify or reach out to the RHY population.							
TOC_5 The <b>content</b> reflected credible, evidence-based/evidence-informed practices or insights.							
TOC_6 The <b>content</b> furthers cultural responsiveness in RHY programming.							
TOC_7 The <b>content</b> addressed critical issues for youth/families							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
supported by our program(s).							
TOC_8 The <b>handouts, materials, or resources</b> added value (if applicable).							

### Section 3: Event Features

Select the option that best represents your experience with each of the following statements about **how** the training/technical assistance was delivered for this event:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
<b>If TAB_1=4, EVF_1-3 do not appear, go to EVF_4</b>  EVF_1 It supported community building and networking.							
<b>If TAB_1=1, EVF_2 does not appear, go to EVF_3</b>  EVF_2 It provided opportunity for participants to share strategies, tools, innovations, or practices.							
EVF_3 It was interactive and provided a safe space for interaction.							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
EVF_4 The speakers/facilitators were effective.							

## Section 4: Ease of Participation

Select the option that best represents your experience with each of the following statements regarding **ease of participation** in the training/technical assistance event:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
<p><b>If TAB_1=4, EOP_1 does not appear, go to EOP_2</b></p> <p>EOP_1 The time(s) and day(s) of the event were convenient.</p>							
<p><b>If TAB_1=1, EOP_2 does not appear, go to EOP_3</b></p> <p>EOP_2 The registration process was smooth and accessible.</p>							
<p><b>If TAB_4=2, EOP_3 does not appear, go to EOP_4</b></p> <p>EOP_3 The technology platform used was easy to use and effective for</p>							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
the event's purposes.							
<b>If TAB_1=1, 2, 3, or 4 or if TAB_4=1, EOP_4 and EOP_5 do not appear, go to OVS_1</b>							
EOP_4 The location of the event was a good choice.							
EOP_5 The physical venue/space used for this session was effective for this session's purpose.							

## Section 5: Overall Satisfaction

Select the option that best represents your experience with each of the following statements regarding this training/technical assistance event:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
OVS_1 I would recommend offering <b>this</b> training/technical assistance again for peers or colleagues (or for peers or colleagues to participate if it's recorded).							
OVS_2 I would							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
OVS_1 I would recommend offering <b>this</b> training/technical assistance again for peers or colleagues (or for peers or colleagues to participate if it's recorded).							
participate in <b>another</b> training/technical assistance event of <b>this format</b> in the future (examples of formats include a webinar, TA Café, Peer to Peer Learning Community, Guided Training, Regional Training Institute).							
OVS_3 I would participate in <b>additional</b> training/technical assistance event on the <b>same topic(s)</b> (want to go deeper with this topic).							

**If TAB\_1=1, 2, 3, or 6, SQ\_1-5 do not appear, go to REC\_1**  
**If TAB\_1=5, SQ\_1-2 do not appear, go to SQ\_3**  
**If TAB\_1=4, go to SQ\_1**



## Section 6: Supplemental Questions

Select the option that best represents your experience with each of the following statements regarding the training you participated in:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
SQ_1 The format chosen for this series supported learning.							
SQ_2 The training was easy to access on my own schedule and at my own pace.							

**If TAB\_1=4, SQ\_3-5 do not appear, go to REC\_1**

Select the option that best represents your experience with each of the following statements about the training you participated in:

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
SQ_3 The training provided actionable ideas or strategies for integrating new knowledge into practice.							
SQ_4 The training provided information and direction critical to operating our programs so that they							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
adhere to federal standards.							

SQ\_5 What did you gain from attending this meeting? [Please check all that apply.]

1. A better understanding of federal expectations for the RHY grant program
2. A better understanding of RHYTTAC services and how to access them
3. Better relationship(s) with Federal Project Officer(s)
4. New connections to colleagues in the RHY field
5. Helpful ideas or strategies for effectively supporting runaway and homeless youth
6. None of the above

## Section 7. Recommendations and Feedback

REC\_1 How did you hear about the event?

1. From the RHYTTAC website
2. From RHYTTAC direct communication (email, newsletter, or other direct outreach from RHYTTAC staff)
3. From FYSB staff or materials
4. From RHY Program Network partners (National Clearinghouse on Homeless Youth & Families or National Runaway Safeline)
5. From Youth Collaboratory communication or materials
6. From Social Media
7. From a peer or colleague
8. Other (please describe)

**If REC\_1=8, go to REC\_2, otherwise go to REC\_3**

REC\_2 Please share how you heard about the event: \_\_\_\_\_ **[open text field]**

REC\_3 Please provide comments or suggestions for improving the training: \_\_\_\_\_ **[open text field]**

REC\_4 Please provide suggestions for future RHYTTAC topics. You can also let us know if you suggest specific presenter(s)/facilitator(s) for these topics. \_\_\_\_\_ **[open text field]**

Thank you very much for sharing your feedback.

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform training and technical assistance and improve future events. Public reporting burden for this collection of information is estimated to average 10 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary 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 # is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact [info@rhyttac.net](mailto:info@rhyttac.net).*

**END SURVEY**