OMB Control No: 0970-0531

Expiration Date: 07/31/2022

Facilitator Pre-Training Survey

DRAFT

November 2021

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| THE PAPERWORK REDUCTION ACT OF 1995This collection of information is voluntary and will be used to provide the Administration for Children and Families with information to help refine and guide program development in adolescent pregnancy prevention. Public reporting burden for the collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB number and expiration date for this collection are OMB #: 0970-0531, Exp: 07/31/2022. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Tiffany Waits at [twaits@mathematica-mpr.com](file:///%5C%5Cacffs03.itsc.hhs-itsc.local%5Copre%5CCONTRACTS%5CSRAE%20National%20Evaluation%2C%20MAPS%20%23343%5COMB%2C%20IRB%2C%20and%20CoC%5COMB%5CCIS-Proof%20of%20Concept%5Ctwaits%40mathematica-mpr.com). |

Thank you in advance for taking this survey! This pilot project is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services and is being conducted by Mathematica. The purpose of this short survey is to learn about your experience in the [NAME OF TRAINING]. The information you provide will help ACF learn about ways to enhance training for facilitators delivering SRAE programs. The feedback you provide will be used by the research team to improve the [NAME OF TRAINING] to better meet your needs as a facilitator.

Your participation in this survey is voluntary. There are no risks associated with completing the survey, which should take about 10 minutes. We will not collect any personal information (for example, your name, email, or phone number) as part of the survey. Your answers will remain anonymous, except as required by law, and no [SITE NAME] staff will see your individual responses. We hope you answer all survey questions, but you may skip any question you do not want to answer.

If you have any questions or comments about this information collection, contact Tiffany Waits, the survey director, at twaits@mathematica-mpr.com or (202) 264-3498.

1. How long have you been working as a program facilitator for [PROGRAM]?

🔾 Less than a year 1

🔾 1-2 years 2

🔾 3-4 years 3

🔾 5 or more years 4

2. How many years of experience do you have...

|  | Less than a year | 1-2 years | 3-4 years | 5 or more years |
| --- | --- | --- | --- | --- |
| a. Working with youth | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Facilitating groups to youth | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Delivering SRAE programming | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

3. Have you received other trainings on facilitating or teaching SRAE or youth development programs?

🔾 No 0

🔾 Yes 1 GO TO Q5

4a. What topics were covered in your other trainings?

Select all that apply

🞏 [Topic 1] 1

🞏 [Topic 2] 2

🞏 [Topic 3] 3

🞏 [Topic 4] 4

🞏 [Topic 5] 5

🞏 [Other] 6

4b. If other, please specify.

**5. How many times have you administered [PROGRAM CURRICULUM] to youth?**

🔾 1-3 times 1

🔾 4-6 times 2

🔾 7-9 times 3

🔾 10 or more times 4

6. Please rate your current level of knowledge about the following topics.

|  | No Knowledge | Somewhat knowledgeable | Knowledgeable | Very knowledgeable |
| --- | --- | --- | --- | --- |
| a. [insert specific training content]  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. [insert specific training content] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. [insert specific training content] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. [insert specific training content] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. [insert specific training content] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. [insert specific training content] | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

Thank you for sharing your experiences with us today.