Protocol for New GPRA Process for all International TTCs

The international TTCs will use a uniform data collection tool and process.

GPRA Post-Event Form - International (GPRA-PEF-I):
·	This form will collect information on participants of international TTC events.
·	The GPRA-PEF-I will be used for all events (training, technical assistance, and meetings) regardless of the length of the event.

GPRA Follow-up Form - International (GPRA-FU-I): (aka the 30-day follow-up)
·	This form will collect follow-up data for events lasting at least three hours (or more) in length.
·	This form will collect information on application and usefulness of the information gained during the TTC event.

Burden Statement: This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) for the purpose of program monitoring of the Technology Transfer Centers (TTC) Network Program. This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of the TTC Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-03xx. Public reporting burden for this collection of information is estimated to average less than 10 minutes per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15 E57B, Rockville, MD 20857.

GPRA Follow-up Form-Domestic (GPRA-FU-I)

Event Name: _____

Please enter your unique personal code according to the instructions provided by the survey administrator. Print only one number or letter in each square. Upper case letters only.

1. The information from this event has benefited my professional development and/or practice.
   a. Strongly Agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly Disagree

2. I have used the information gained from this event to change my practice.
   a. Strongly Agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Strongly Disagree

3. I expect to continue using the information from this event in my future work.
    a. Strongly Agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly Disagree

4. I have shared the information gained from this event with my colleagues.
    a. Yes
    b. No

5. What about the event was most useful in supporting your work responsibilities?

6. What has improved in your organization/practice because of this event?

7. How can the TTC Network improve its events?

8. If you made a change to your practice as a result of this training, please describe briefly.

9. What topics would you like to see offered by the TTC?

10. What learning format would you suggest for the trainings you would like to see offered?

Please re-enter your unique personal code included on the first page of the survey. Print only one number or letter in each square. Upper case letters only.

Thank you for completing our survey.