

Office of Population Affairs (OPA) Training and Technical Assistance (T/TA) Satisfaction Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

E-mail Transmittal Script and Instructions

Dear OPA Grantee:

Thank you again to those of you who participated on the [Title of T/TA Event/ACTIVITY] on [DATE month/date/year]. If you have not yet done so, we would greatly appreciate your feedback. Please use the link below to complete a brief survey about the discussion and your experience. Thank you in advance for your participation.

To provide your feedback, please visit: <SURVEY LINK>

If you have any questions, please email your Project Officer or OPA Resource Mailbox OPA@hhs.gov

T/TA Feedback Survey

1. Grant Type (select)
 - a. TPP18 Tier 2
 - b. TPP19 Tier 1
 - c. TPP20 Tier 1
 - d. TPP20 Tier 2 – Networks
 - e. TPP20 Tier 2, Phase 2
2. T/TA Event/Activity (fill in)
3. Date of T/TA Event/Activity (select)
4. Please rate your agreement with the following statements related to the T/TA event/activity:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The objectives identified at the onset of the T/TA event/activity were met.	☐	☐	☐	☐	☐
The format for the T/TA event/activity was effective in facilitating knowledge exchange.	☐	☐	☐	☐	☐
The technology used was effective in facilitating knowledge exchange.	☐	☐	☐	☐	☐
The information/resources provided during the T/TA event/activity fulfilled my TA needs.	☐	☐	☐	☐	☐
As a result of this T/TA event/activity, I am better informed about the presented topic(s).	☐	☐	☐	☐	☐

I can apply the
information learned
in my
practice/service
setting.

This T/TA event/activity was a good use of my time/my team's time.

☐☐☐☐☐

5. Please rate your agreement with the following statements related to the TA provider(s). Note that TA provider can refer to a subject matter expert, a grantee presenter, or an OPA staff member:

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The TA

provider(s) was/were knowledgeable about the subject matter.

☐☐☐☐☐

The TA provider(s)

clearly presented the
information.

☐☐☐☐☐

The TA provider(s) was/were responsive to the participants.

☐☐☐☐☐

The TA provider(s)

effectively managed
available time.

☐☐☐☐☐

6. What else would you have liked to learn from this T/TA event/activity? (fill in)
7. In what ways could this T/TA event/activity be improved - either in delivery or content? (fill in)
8. What other TA topics would be of interest to you? (fill in)
9. Do you have any additional comments? (fill in)