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This collection of information is necessary in order to systematically gather user feedback and outcomes data to evaluate and improve HUD’s deployment and management of its technical assistance resources. This type of information on outcomes has been consistently requested by both OMB and Congressional Appropriations Committee staff.

This information collection is entirely voluntary. Any information collected may be seen and used by HUD staff that are responsible for analysis of the Community Compass Technical Assistance and Capacity Building program. Results of individual surveys will not be shared with TA providers, other TA recipients, or HUD program office staff that have assisted in coordination of the technical assistance engagement. Survey results may be shared in aggregated form with TA providers or HUD program office staff that coordinate technical assistance. Survey results may also be shared in aggregated form with other HUD stakeholders and Congress.

Please do NOT submit any personally identifiable information to the questions identified as "Survey Question[s], defined as any information which can be used to distinguish or trace an individual's identity, such as name, social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother’s maiden name, etc.**HUD DIRECT TA SURVEY: IN-PERSON TRAININGS**

NOTE: Respondents should complete the Pre-Assessment prior to the start of the training course

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many years have you worked in the field for which this training was designed?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE/POST KNOWLEDGE ASSESSMENT**

**This course’s Learning Objectives were:**

* Learning Objective #1
* Learning Objective #2
* Learning Objective #3
* Learning Objective #4
* Learning Objective #5

**For each of the learning objectives, indicate the extent to which you understood the material BEFORE and AFTER the training:**

**PRE-ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Before the Training** |  |  |  |
| **Learning Objectives** | No Understanding of the Material related to this objective  | Some Understanding of the Material related to this objective  | Strong Understanding of the Material related to this objective  | Full Understanding of the Material related to this objective  |
| Learning Objective #1 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #2 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #3 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #4 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #5 | ☐ | ☐ | ☐ | ☐ |

**POST-ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **After the Training** |  |  |  |
| **Learning Objectives** | No Understanding of the Material related to this objective  | Some Understanding of the Material related to this objective  | Strong Understanding of the Material related to this objective  | Full Understanding of the Material related to this objective  |
| Learning Objective #1 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #2 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #3 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #4 | ☐ | ☐ | ☐ | ☐ |
| Learning Objective #5 | ☐ | ☐ | ☐ | ☐ |

**SURVEY QUESTION 1: UTILITY OF TRAINING**

**I am likely to apply the skills and knowledge I learned from this course in my role within my organization.**

☐ Strongly Disagree

☐ Disagree

☐ Agree

☐ Strongly Agree

**SURVEY QUESTION 2: GENERAL SATISFACTION**

**Overall, how satisfied were you with the training course?**

☐ Very Dissatisfied

☐ Somewhat Dissatisfied

☐ Somewhat Satisfied

☐ Very Satisfied

**SURVEY QUESTION 3: SATISFACTION WITH TRAINING ELEMENTS**

**To what extent were you satisfied with:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Element** | **Very Dissatisfied** | **Somewhat Dissatisfied** | **Somewhat Satisfied** | **Very Satisfied** |
| Relevance of the Course to your job | ☐ | ☐ | ☐ | ☐ |
| Course Materials and Exercises | ☐ | ☐ | ☐ | ☐ |
| Instructor(s) | ☐ | ☐ | ☐ | ☐ |
| Length of the Course | ☐ | ☐ | ☐ | ☐ |
| Number of Participants in the Course | ☐ | ☐ | ☐ | ☐ |
| Accommodations and features for persons with a disability | □ | □ | □ | □ |
| Arrangements for language accessibility for persons with limited English proficiency | □ | □ | □ | □ |
| Interactive elements (e.g., polls, Q&A opportunities, break-out sessions, self-assessments) | □ | □ | □ | □ |

**SURVEY QUESTION 4: LIKELIHOOD OF RECOMMENDATION**

**I would recommend this training to my peers.**

☐ Strongly Disagree

☐ Disagree

☐ Agree

☐ Strongly Agree

**SURVEY QUESTION 5: ADDITIONAL FEEDBACK – TRAINING ELEMENTS**

**Please provide any additional feedback or comments on the training course:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTOR #1 RATING**

Name of Instructor 1: [Pre-populate]

**7a. Please rate this instructor on the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructor #1** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| The instructor was prepared and organized | ☐ | ☐ | ☐ | ☐ |
| The instructor had appropriate knowledge of the material | ☐ | ☐ | ☐ | ☐ |
| The instructor delivered the material effectively | ☐ | ☐ | ☐ | ☐ |
| The instructor managed the session well and encouraged appropriate participation | ☐ | ☐ | ☐ | ☐ |

**7b. Please provide any additional feedback or comments on this instructor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTOR #2 RATING**

Name of Instructor 2: [Pre-populate]

**8a. Please rate this instructor on the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructor #2** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| The instructor was prepared and organized | ☐ | ☐ | ☐ | ☐ |
| The instructor had appropriate knowledge of the material | ☐ | ☐ | ☐ | ☐ |
| The instructor delivered the material effectively | ☐ | ☐ | ☐ | ☐ |
| The instructor managed the session well and encouraged appropriate participation | ☐ | ☐ | ☐ | ☐ |

**8b. Please provide any additional feedback or comments on this instructor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_