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This collection of information is authorized under Sec. 501 of Title V of the Housing and Urban Development Act of 1970, Public Law 91-609, which authorizes the Secretary “to undertake such programs of research, studies, testing, and demonstration relating to the mission and programs of the Department as he determines to be necessary and appropriate.”

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

Learning Objectives	Before the Training			
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POST-ASSESSMENT

Learning Objectives	After the Training			
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Objective #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Materials and Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Participants in the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations and features for persons with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangements for language accessibility for persons with limited English proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactive elements (e.g., polls, Q&A opportunities, break-out sessions, self-assessments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor had appropriate knowledge of the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor delivered the material effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor managed the session well and encouraged appropriate participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor had appropriate knowledge of the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor delivered the material effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor managed the session well and encouraged appropriate participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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