 

**RHYTTAC Training & Technical Assistance Event Feedback Form**

This evaluation feedback form was developed by Chapin Hall at the University of Chicago in partnership with Youth Collaboratory and prepared for the Family & Youth Services Bureau (FYSB) for the Runaway and Homeless Youth Training & Technical Assistance Center (RHYTTAC).

Contact: Colleen Schlecht, Senior Researcher, [cschlecht@chapinhall.org](mailto:cschlecht@chapinhall.org)

# RHYTTAC Training and Technical Assistance Event Feedback Form: Table of Instrument Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Code** | **Description** | **Items range** |
| Section 1. Training & Technical Assistance Event Background | TAB | Gather background details about the specific TTA event. | 5-7 |
| Section 2: Topic and Content | TOC | Rating and satisfaction with the topic and content of the TTA event. | 9 |
| Section 3: Event Features | EVF | Rating and satisfaction with various TTA event features. | 5 |
| Section 4: Ease of Participation | EOP | Rating and satisfaction with the ease of registering and attending the TTA event. | 2-4 |
| Section 5: Overall Satisfaction | OVS | Overall rating and satisfaction with the TTA event. | 4 |
| Section 6: Supplemental Questions | SQ | These additional questions only apply to participants of certain trainings (based on type of event response). | 0-2 |
| Section 7. Recommendations and Feedback | REC | Recommendations for future TTA events | 3-4 |
| **Maximum number of items to which a respondent could be asked to respond** | | | 28-35 |

**NOTE**: Evaluation feedback will be collected via a web-based survey. This survey instrument will be programmed into REDCap, a secure web application for building and managing online surveys and databases. The item code and response option scores provided in this document will not be included or visible in the web-based survey that respondents complete.

A single common link will be provided to participants of all TTA events, including both web-based (virtual) and land-based (in-person) events. The respondent will select the type of TTA event they participated in, which will lead them to a set of questions about the event.

The survey includes 36 items in total, but the minimum and maximum number of items a single respondent will be asked to respond to is 28 and 35, respectively. Twenty-four of the 36 items in the survey (67%) are common—verbatim—across all TTA event types, which allows for simple aggregation and comparison of data across all TTA event types for those items. For respondents who participated in Regional Training, branch logic programmed in REDCap will make a small number of additional supplemental questions appear specific to the Regional Training learning objectives.

# 

# Form

OMB Control Number: 0970-0401

Expiration Date: XX/XX/XXXX.

Thank you for participating in a RHYTTAC technical assistance or training event. Please complete this brief evaluation form. It takes about 5 minutes. FYSB and RHYTTAC will use your feedback to inform future training and technical assistance. Your participation is voluntary, and the information provided is anonymous and will only be reported in aggregate with feedback from others.

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform training and technical assistance and improve future events. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact info@rhyttac.net.*

# Section 1. Training & Technical Assistance Event Background

TAB\_1 Please select the type of training or technical assistance event you attended.

TA Café

Webinar

Regional Training

Program-specific training

Onsite Training (in-person)

Onsite TA visit (in-person)

Other

**If TAB\_1=7, go to TAB\_2**

TAB\_2 Please describe the type of training/technical assistance event: \_\_\_\_\_\_\_\_\_\_\_\_\_ **[open text field]**

**If TAB\_1=1, go to TAB\_3\_1**  
**If TAB\_1=2, go to TAB\_3\_2**  
**If TAB\_1=3, go to TAB\_3\_3**  
**If TAB\_1=4, go to TAB\_3\_4**  
**If TAB\_1=5, go to TAB\_3\_5**  
**If TAB\_1=6, go to TAB\_3\_6  
If TAB\_1=7, go to TAB\_3\_7**

TAB\_3\_1 Please select the title and date of the TA Café you attended.

**[Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won’t be visible to the respondent.]**

**…**

**…**

TAB\_3\_2 Please select the title and date of the Webinar you attended.

**[Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won’t be visible to the respondent.]**

**…**

**…**

TAB\_3\_3 Please select the title and date of the Regional Training you attended.

**[Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won’t be visible to the respondent.]**

**…**

**…**

TAB\_3\_4 Please select the title of the program-specific training you participated in.

**[Drop-down list updated approximately monthly. New upcoming events added. Response code (number) for each option remains unique for analysis purposes but won’t be visible to the respondent.]**

**…**

**…**

TAB\_3\_5 Please select the title and date of the onsite training (in-person) you attended.

**[Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won’t be visible to the respondent.]**

**…**

**…**

TAB\_3\_6 Please select the title and date of the onsite TA visit (in-person) you attended.

**[Drop-down list updated approximately monthly. Old events (after 2-week evaluation period) dropped and new upcoming events added. Response code (number) for each option remains unique for analysis purposes but won’t be visible to the respondent.]**

**…**

**…**

TAB\_3\_7 Please list the title and date of the training/technical assistance event you participated in: \_\_\_\_\_\_\_\_\_\_\_\_\_ **[open text field]**

**If TAB\_1=1 or2, TAB\_4 does not appear, go to TAB\_5**

TAB\_4 Was the format of this training/technical assistance event web-based (virtual) or land-based (in-person)?

* + - * 1. Web-based (virtual)
        2. Land-based (In-person)

TAB\_5 Please select your region.

* + - * 1. Region 1 (VT, NH, ME, MA, RI, CT)
        2. Region 2 (NY, NJ, Puerto Rico, Virgin Islands)
        3. Region 3 (PA, WV, VA, MD, DC, DE)
        4. Region 4 (KY, TN, NC, SC, GA, AL, MS, FL)
        5. Region 5 (MN, WI, MI, IL, IN, OH)
        6. Region 6 (NM, TX, OK, AR, LA)
        7. Region 7 (NE, IA, MO, KS)
        8. Region 8 (MT, ND, SD, WY, CO, UT)
        9. Region 9 (CA, NV, AZ, HI, AS, Mariana, Micronesia, Guam, Palau, Marshall Islands)
        10. Region 10 (AK, WA, OR, ID)

TAB\_6 Please list your role in your organization.

* + - * 1. Executive Leadership
        2. Program Leadership
        3. Program Administration/Operations
        4. Clinical Staff
        5. Case Manager
        6. Youth Care Worker
        7. Volunteer/Intern
        8. Youth or Young Adult Leader/Advisor
        9. Other (please specify)

**If TAB\_6=1, 2, 3, 4, 5, 6, 7, or 8, TAB\_7 does not appear, go to TOC\_1**

TAB\_7 Please list your role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[open text field]**

# Section 2: Topic and Content

Select the option that best represents your experience with each of the following statements related to the **topic and content** of the training/technical assistance (TTA) event you participated in.

**Note**: We use the term **“event”** broadly in this evaluation form to mean the RHYTTAC training, workshop, facilitated discussion, webinar, etc. you participated in.

|  | Strongly Disagree (1) | Disagree (2) | Neutral  (3) | Agree (4) | Strongly Agree (5) | Not applicable (98) | Prefer not to answer (99) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TOC\_1 The **topic(s)** was/were relevant to the services provided by my organization. |  |  |  |  |  |  |  |
| TOC\_2  The **topic(s)** was/were timely, considering key issues our RHY program(s) face(s) today. |  |  |  |  |  |  |  |
| TOC\_3  I gained valuable new knowledge or skills on the **topic(s)** that I can integrate into my work. |  |  |  |  |  |  |  |
| TOC\_4  The **content** (of the presentation or discussion) improves my understanding of how to identify or reach out to the RHY population. |  |  |  |  |  |  |  |
| TOC\_5  The **content** reflected credible, evidence-based/evidence-informed practices or insights. |  |  |  |  |  |  |  |
| TOC\_6  The **content** furthers cultural responsiveness in RHY programming. |  |  |  |  |  |  |  |
| TOC\_7  The **content** addressed critical issues for youth/families supported by our program(s). |  |  |  |  |  |  |  |
| TOC\_8 The content adequately covered the learning objectives. |  |  |  |  |  |  |  |
| TOC\_9  The **handouts, materials, or resources** added value (if applicable). |  |  |  |  |  |  |  |

# Section 3: Event Features

Select the option that best represents your experience with each of the following statements about ***how*** the training/technical assistance was delivered for this event:

|  | Strongly Disagree (1) | Disagree (2) | Neutral  (3) | Agree (4) | Strongly Agree (5) | Not applicable (98) | Prefer not to answer (99) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EVF\_1 The training supported community building and networking. |  |  |  |  |  |  |  |
| EVF\_2  The training provided opportunity for participants to share strategies, tools, innovations, or practices. |  |  |  |  |  |  |  |
| EVF\_3  The training was interactive and provided a safe space for interaction. |  |  |  |  |  |  |  |
| EVF\_4  The training provided actionable ideas or strategies for integrating new knowledge into practice. |  |  |  |  |  |  |  |
| EVF\_5  The speakers/facilitators were effective. |  |  |  |  |  |  |  |

# Section 4: Ease of Participation

Select the option that best represents your experience with each of the following statements regarding **ease of participation** in the training/technical assistance event:

|  | Strongly Disagree (1) | Disagree (2) | Neutral  (3) | Agree (4) | Strongly Agree (5) | Not applicable (98) | Prefer not to answer (99) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **If TAB\_1=5 or 6, EOP\_1-3 do not appear, go to EOP\_4**  EOP\_1 The time(s) and day(s) of the event were convenient. |  |  |  |  |  |  |  |
| EOP\_2  The registration process was smooth and accessible. |  |  |  |  |  |  |  |
| EOP\_3  The technology platform used was easy to use and effective for the event’s purposes. |  |  |  |  |  |  |  |
| **If TAB\_1=1 or 2, or if TAB\_4=1, EOP\_4 and EOP\_5 do not appear, go to OVS\_1**  EOP\_4  The location of the event was a good choice. |  |  |  |  |  |  |  |
| EOP\_5  The physical venue/space used for this session was effective for this session’s purpose. |  |  |  |  |  |  |  |

# Section 5: Overall Satisfaction

OVS\_1 How was your overall experience of this RHYTTAC event?

* + - * 1. Excellent
        2. Good
        3. Average
        4. Fair
        5. Poor
        6. Prefer not to answer

OVS\_2 What did you benefit most from in this event? **[open text field]**

Select the option that best represents your experience with each of the following statements regarding this training/technical assistance event:

|  | Strongly Disagree (1) | Disagree (2) | Neutral  (3) | Agree (4) | Strongly Agree (5) | Not applicable (98) | Prefer not to answer (99) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| OVS\_3  I would recommend offering ***this*** training/technical assistance again for peers or colleagues (or for peers or colleagues to participate if it’s recorded). |  |  |  |  |  |  |  |
| OVS\_4  I would participate in ***additional*** training/technical assistance event on the ***same topic(s)***  (want to go deeper with this topic). |  |  |  |  |  |  |  |

# Section 6: Supplemental Questions

**If TAB\_1=3, go to SQ\_1. If TAB\_1=1, 2, 4, 5, 6, or 7, go to REC\_1** Select the option that best represents your experience with each of the following statements about the training you participated in:

|  | Strongly Disagree (1) | Disagree (2) | Neutral  (3) | Agree (4) | Strongly Agree (5) | Not applicable (98) | Prefer not to answer (99) |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| SQ\_1  The training provided information and direction critical to operating our programs so that they adhere to federal standards. |  |  |  |  |  |  |  |

SQ\_2 What did you gain from attending this training? [Please check all that apply.]

* + - * 1. A better understanding of federal expectations
        2. A better understanding of RHYTTAC services and how to access them
        3. Better relationship(s) with Federal Project Officer(s)
        4. New connections to colleagues in the RHY field
        5. Helpful ideas or strategies for effectively supporting runaway and homeless youth
        6. None of the above

# Section 7. Recommendations and Feedback

REC\_1 How did you hear about the event?

* + - * 1. From the RHYTTAC website
        2. From RHYTTAC direct communication (email, newsletter, or other direct outreach from RHYTTAC staff)
        3. From FYSB staff or materials
        4. From RHY Program Network partners (National Clearinghouse or National Runaway Safeline)
        5. From Youth Collaboratory communication or materials
        6. From Social Media
        7. From a peer or colleague
        8. Other (please describe)

**If REC\_1=1, 2, 3, 4, 5, 6, or 7, go to REC\_3**

REC\_2 Please share how you heard about the event: \_\_\_\_\_\_\_\_\_\_\_ **[open text field]**

REC\_3 Please provide comments or suggestions for improving the training: \_\_\_\_\_\_\_\_\_\_\_ **[open text field]**

REC\_4 Please provide suggestions for future RHYTTAC topics. You can also let us know if you suggest specific presenter(s)/facilitator(s) for these topics. \_\_\_\_\_\_\_\_\_\_\_ **[open text field]**

Thank you very much for sharing your feedback.

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform training and technical assistance and improve future events. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact info@rhyttac.net.*

**END SURVEY**