

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).

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

Section	Code	Description	Items range
Form	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.

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Section 1. Training & Technical Assistance Event Background

TAB_1 Please select the type of training or technical assistance event you attended.

1. TA Café
2. Webinar
3. Regional Training
4. Program-specific training
5. Onsite Training (in-person)
6. Onsite TA visit (in-person)
7. 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.

1. [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.]
2. ...
3. ...

TAB_3_2 Please select the title and date of the Webinar you attended.

1. [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.]
2. ...
3. ...

TAB_3_3 Please select the title and date of the Regional Training you attended.

1. [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.]
2. ...
3. ...

TAB_3_4 Please select the title of the program-specific training you participated in.

1. [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.]
2. ...
3. ...

TAB_3_5 Please select the title and date of the onsite training (in-person) you attended.

1. [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.]

2. ...

3. ...

TAB_3_6 Please select the title and date of the onsite TA visit (in-person) you attended.

1. [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.]

2. ...

3. ...

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							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
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							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
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.							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
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							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
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							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
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							

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Not applicable (98)	Prefer not to answer (99)
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.

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END SURVEY