



### Post-Training Evaluation (PTE)

Survey works best in Internet Explorer OR Safari – when using other browsers you may experience formatting issues.

Ok



## Post-Training Evaluation (PTE)

Form Approved  
OMB No. xxxx-xxxx  
Exp. Date: xx/xx/xxxx

Thank you for participating in a capacity building assistance (CBA) classroom or eLearning training sponsored by Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention. CDC would like to get your feedback on aspects of the training, especially its usefulness for directly assisting you in starting or sustaining implementation of an intervention or public health strategy. We also would like to know more about technical assistance that you may need to further support or sustain implementation.

Participation in this survey is voluntary. If you participate, your name and individual responses will not be reported. Your responses will be combined with the responses of others to see if there are any patterns in the feedback. Completing the survey should take approximately 5 minutes.

The results of this survey will provide valuable information that can be used to improve CBA training and technical assistance services, so your organization continues to strengthen its ability to improve performance and maximize impact. Working together, we will end the HIV epidemic. We appreciate your feedback and assistance.

If you have any questions about this survey, please feel free to email us at [CBAevaluations@cdc.gov](mailto:CBAevaluations@cdc.gov) or call us at (404) 498-0196.

Start

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (xxxx-xxxx)

## Post-Training Evaluation (PTE)

**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

0 % Complete

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Overall, how satisfied are you with the training you received?

- Very Satisfied
- Satisfied
- Neutral, not satisfied or dissatisfied
- Dissatisfied
- Very Dissatisfied

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

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Did you participate in the training because your organization is starting or continuing implementation of the intervention/public health strategy?

Yes

No

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

12 % Complete

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The training content provided the information that I needed to implement the intervention/public health strategy.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

19 % Complete



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Did you have any of the following issues with the content of the training? Select all that apply.

- The content was not tailored to my client population
- The content was not tailored to my organization's requirements (e.g., policies, procedures, or practices)
- The content did not consider my local policies and laws
- The content was outdated
- Other [PLEASE SPECIFY]

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

25 % Complete

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Please indicate the extent to which you agree/disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Trainer(s) was knowledgeable about the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainer(s) communicated information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainer(s) was responsive to questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training activities (e.g., role-plays, games, and practices) effectively reinforced the concepts discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training materials (e.g., manuals and handouts) effectively reinforced the concepts discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

31 % Complete

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Please write any additional comments you would like for us to know about the training (e.g., trainer(s), suggested areas for improvement, feedback about things that went well) in the text box below.

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

38 % Complete

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The [Training Name] training was easy to navigate (e.g., clear instructions on how to move forward and how to revisit previous sections of the module).

- Strongly Agree
- Agree
- Neutral, don't agree or disagree
- Disagree
- Strongly Disagree

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44 % Complete

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The [Training Name] training provided the proper level of additional assistance and explanation (e.g., useful content or supplemental materials in resource or help tab).

- Strongly Agree
- Agree
- Neutral, don't agree or disagree
- Disagree
- Strongly Disagree

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

50 % Complete

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Text and graphics were easy to read.

- Strongly Agree
- Agree
- Neutral, don't agree or disagree
- Disagree
- Strongly Disagree

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

56 % Complete



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The interactive content (e.g., integrated quizzes/ assessments, reality-based scenarios, case studies, videos) was effective in keeping me engaged.

- Strongly Agree
- Agree
- Neutral, don't agree or disagree
- Disagree
- Strongly Disagree

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

62 % Complete

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### Knowledge

Select the best response for each item in the table. How would you rate your knowledge of the intervention/public health strategy that you learned about in the training?

	Poor	Below Average	Average	Good	Excellent
Before the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

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**Implementation**

Is your organization currently implementing this intervention/public health strategy?

Yes

No

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

75 % Complete



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**Implementation**

How likely is your organization to implement the intervention/public health strategy in the next 6 months?

- Not at all likely
- A little likely
- Somewhat likely
- Very likely
- Don't know

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

81 % Complete



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**Implementation**

Please indicate which response best describes your primary role in implementing the intervention/public health strategy. I am or will be responsible for:

- Directly implementing the intervention/public health strategy
- Supervising staff who are implementing the intervention/public health strategy
- Serving as an administrator whose staff implements the intervention/public health strategy
- Evaluating the implementation of the intervention/public health strategy
- None of the above (I will not have a role in implementing the intervention/public health strategy)
- Other [PLEASE SPECIFY]

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

88 % Complete

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**Technical Assistance Needs**

What additional technical assistance would help you or your organization implement the intervention/public health strategy? Select all that apply.

- Integrating the intervention/public health strategy into existing programs
- Developing appropriate partnerships with other organizations
- Adapting the intervention/public health strategy for a specific population
- Planning for implementation
- Developing materials for the intervention/public health strategy
- Recruiting clients or patients
- Facilitating the intervention/public health strategy
- Retaining clients or patients
- Evaluating and monitoring the intervention/public health strategy
- Other [PLEASE SPECIFY]

- I do not have any additional technical assistance needs

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**Instructions:** Thinking about the training [TRAINING NAME], that you completed on [TRAINING DATE], please select your response to each question.

94 % Complete

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**Technical Assistance Needs**

Do you know how to request technical assistance from CDC to help you implement this intervention/public health strategy?

Yes

No

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**How to request TA**

- To request CBA services, an organization should take the following steps:
  - CDC directly-funded organizations:
    - Check with your CDC Project Officer.
    - Submit a CBA Tracking System (CTS) request at <https://www.cdc.gov/CTS>.
  - Organizations that are not directly-funded by CDC:
    - Contact the CDC-funded health department in your jurisdiction to submit a CTS request for you.
    - A list of health department CTS users, who can submit CTS requests on behalf of other organizations, can be found at the Health Department CTS Users tab on <https://www.cdc.gov/CTS>.
  - For assistance with CTS, contact [cdccts@cdc.gov](mailto:cdccts@cdc.gov).

Close

## Post-Training Evaluation (PTE)

Thank you for your feedback. Your input is important to the improvement of our capacity building assistance services.

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