Form Approved OMB No. 0920-1322 Exp. Date: xx/xx/xxxx

Capacity Building Assistance Program: Data Management, Monitoring, and Evaluation

## **Attachment 6**

**Post-Training Evaluation (PTE)** 

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 (0920-1322)

## **Post-Training Evaluation (PTE)**

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 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.

Thank you in advance for your time and assistance! If you have any questions about this survey, please feel free to email us at CBAEvaluations@cdc.gov or call us at (404) 639-2639.

0

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

# Training Design and Delivery

1.	Overall, how satisfied are you with the training you received?  O Very Satisfied  O Satisfied  O Neutral, not satisfied or dissatisfied  O Dissatisfied  O Very Dissatisfied
2.	Did you participate in the training because your organization is starting or continuing implementation of the intervention/public health strategy?  O Yes O No → Skip to Question 5
3.	The training content provided the information that I needed to implement the intervention/public health strategy.  O Strongly Agree → Skip to Question 5 O Agree → Skip to Question 5 O Neutral O Disagree O Strongly Disagree
4.	<ul> <li>Did you have any of the following issues with the content of the training? Select all that apply.</li> <li>O The content was not tailored to my client population</li> <li>O The content was not tailored to my organization's requirements (e.g., policies, procedures, or practices)</li> <li>O The content did not consider my local policies and laws</li> <li>O The content was outdated</li> <li>O Other [PLEASE SPECIFY]</li> </ul>

If classroom training, proceed to Question 5. If eLearning training, skip to Question 11.

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

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
5.	Trainer(s) was knowledgeable about the topic	0	0	0	0	0
6.	Trainer(s) communicated information clearly	0	0	0	0	0
7.	Trainer(s) was responsive to questions	0	0	0	0	0
8.	Training activities (e.g., role-plays, games, and practices) effectively reinforced the concepts discussed	0	0	0	0	0
9.	Training materials (e.g., manuals and handouts) effectively reinforced the concepts discussed	0	0	0	0	0

10. 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.

[TEXT BOX]

→ Skip to Question 15

11. The	[Training Name] training was easy to navigate (e.g., clear instructions on how to move						
forw	forward and how to revisit previous sections of the module).						
	O Strongly agree						
	O Agree						
	O Neutral, don't agree or disagree						
	O Disagree						
	O Strongly disagree						
12. 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).						
0	Strongly agree						
0	Agree						
0	Neutral, don't agree or disagree						
0	Disagree						
0	Strongly disagree						
13. Text	and graphics were easy to read.						
0	Strongly agree						
0	Agree						
0	Neutral, don't agree or disagree						
0	Disagree						
0	Strongly disagree						
14. The	interactive content (e.g., integrated quizzes/ assessments, reality-based scenarios, case						
stud	ies, videos) was effective in keeping me engaged.						
0	Strongly agree						
0	Agree						
0	Neutral, don't agree or disagree						
0	Disagree						
0	Strongly disagree						

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
15. <b>Before</b> the training	0	0	0	0	0
16. After the training	0	0	0	0	0

## Imp

. <b>After</b> the training		0	0	0	0	0	
lementation							
17. Is your or:	ganization currentl	y implemer	nting this in	tervention/	public healt	th strategy?	
O Ye	es <del>&gt;</del> Skip to Quest	ion 19					
O N	0						
18. How likely	/ is your organization	on to imple	ment the ir	ntervention,	/public heal	lth strategy i	n the next
6 months?							
O N	ot at all likely						
O A little likely O Somewhat likely							
O D	on't know						
19. Please inc	licate which respor	nse best de	scribes you	r primary ro	ole in impler	menting the	
interventi	on/public health st	trategy. I ar	n or will be	responsible	for:		
O D	irectly implementi	ng the inter	vention/pu	blic health	strategy		
O St	upervising staff wh	o are imple	menting th	e interventi	on/public h	ealth strate	ЗУ
O Se	erving as an admin	istrator who	ose staff im	plements th	ne intervent	tion/public h	ealth
st	rategy						
O Ev	valuating the imple	ementation	of the inter	vention/pu	blic health	strategy	
	one of the above ( rategy)	I will not ha	ive a role in	implement	ing the inte	rvention/pu	blic health
0 0	ther [PLEASE SPEC	IFY]					

#### **Technical Assistance Needs**

- 20. 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 → Go to "Thank You" message
- 21. Do you know how to request technical assistance from CDC to help you implement this intervention/public health strategy?
  - O Yes
  - O No [provide a pop-up box with information about how to request TA]

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