OMB No. 0930-0316

Expiration Date: XX/XX/XXXX

Public Burden Statement: 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. The OMB control number for this project is 0930-0316. Public reporting burden for this collection of information is estimated to average .13 hours per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E45, Rockville, Maryland, 20857.

Policy Academy Participant Post-Training Call Form

Introduction

Thank you for participating in the training. Please respond to these questions about the most recent coaching call and policy step you've completed. Your feedback will help us better serve you.

General Information

- Q1. Participant name:
- Q2. Participant email:
- Q3. Participant organization:
- Q4. Month of coaching call:
 - January
 - February
 - March
 - April
 - May
 - June
 - July
 - August
 - September
 - October
 - November
 - December

Q5. Policy step covered:

- Step 1 Draft Policy Action Statement
- Step 2 Engage Compliance Organizations
- Step 3 Collect Data
- Step 4 Develop Issue Brief
- Step 5 Draft Policy Language
- Step 6 Increase Public Awareness
- Step 7 Organize and Mobilize Support
- Step 8 Prepare & Present Policy for Adoption
- Step 9 Support Implementation & Enforcement
- Step 10 Evaluate

Session Feedback

Q6. Please select the extent to which to you agree or disagree with the following statements.

| | Strongly | Disagree (2) | Neither agree | Agree (4) | Strongly agree |
|-------------------------|--------------|--------------|------------------|-----------|----------------|
| | disagree (1) | | nor disagree (3) | | (5) |
| The content of the | | | | | |
| training increased my | | | | | |
| understanding of how to | | | | | |
| engage in policy work. | | | | | |
| I gained new knowledge | | | | | |
| and skills from the | | | | | |
| training. | | | | | |
| I feel confident in my | | | | | |
| ability to execute the | | | | | |
| current policy steps. | | | | | |
| The coaches provided | | | | | |
| valuable expertise and | | | | | |
| insight related to our | | | | | |
| coalition opportunities | | | | | |
| and challenges. | | | | | |

- Q7. What information discussed was most beneficial?
- Q8. What information do you wish you had discussed, but did not?
- Q9. Please provide one suggestion to improve the training.
- Q10. Please provide any additional feedback below.

Thank You Page

Thank you for completing the survey. If you have additional questions or concerns, please reach out to your liaison and coach.