

Technical Assistance Satisfaction Survey

Introduction

We value your insights and experience in working with the Multidiscipline Technical Assistance Team (MDTAT). Your responses will influence the design, development, and delivery of our future technical assistance (TA), ensuring that it aligns with your needs and contributes to enhancing the quality of care provided to unaccompanied children. Your responses will be kept private, and the survey should take no more than 2 minutes to complete. We greatly appreciate your time!

1. **Please select your organization and job role.**

A. **Care Provider Facility** [SINGLE CHOICE, Branching: If selected “Care Providers or Children Centers,” then populate below options]

- Case Management
- Education
- Clinical
- Youth Care Worker
- Program Management
- PSA Compliance Manager
- Quality Assurance/CQI
- Trainer
- Other

B. **Federal** [SINGLE CHOICE, Branching: If selected “Federal,” then populate below options]

- Federal Field Specialist
- Federal Field Specialist Supervisor
- Field Manager
- Project Officer
- Project Officer Supervisor
- Child Services
- Other

C. **Federal Contractor** [SINGLE CHOICE, Branching: If selected “Federal Contractor,” then populate below options]

- Contract Field Specialist
- Case Coordinator
- Unification Specialist

D. **HS/PRS** [SINGLE CHOICE, Branching: If selected “HS/PRS,” then populate below options]

- Case Management
- Clinical

- Program Management
- Quality Assurance
- Trainer
- Other

E. **ORR National Call Center (NCC)** [SINGLE CHOICE, Branching: If selected "ORR NCC," then populate below options]

- Call Specialist
- Quality Assurance
- Program Management
- Trainer

2. **How long have you been in your role?**

[Single Choice] Less than a year, 1-3 years, 3-5 years, over 5 years

3. **Please select the name of the UC Bureau Care Provider that received TA:**

[Single Choice] - List programs by program name in Project Management tool

4. **What is your program's level of care?**

[Single Choice] - Therapeutic Staff Secure, Therapeutic Group Home, Staff Secure, Shelter, Transitional Foster Care, Long Term Foster Care, Residential Treatment Center, Emergency or Influx Facility, N/A

Please rate your satisfaction with the following aspects of the TA staff's performance during the session you participated in:

	Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
5. Knowledge of the Subject	1	2	3	4	5
6. Engagement and interaction	1	2	3	4	5
7. Clarity and Effectiveness of Communication	1	2	3	4	5

Evaluate the quality of the following TA materials used during the session:

	Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
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8. Presentation Slides/Materials (e.g., slides were clear and organized)	1	2	3	4	5
9. Appropriateness of Examples and Case Studies	1	2	3	4	5

10. How satisfied are you with the TA session?

[Single choice] - extremely dissatisfied, dissatisfied, neutral, satisfied, extremely satisfied.

11. We value your knowledge in enhancing TA sessions for the future. Please share any additional comments, insights, or improvements that could enhance our TA sessions.

[Open-ended]

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