**Instrument 3: SAVES Center Grantee Meeting T/TA Feedback Survey**

**Survey 1: Demographics**

**Consent**

Thank you for participating in the SAVES Center Grantee Meeting. To help ensure the quality of our services, we will be collecting a series of feedback surveys after each session. These surveys are voluntary and you do not have to answer any questions if you don’t want to. All feedback will be kept private amongst SAVES Center team members. Results will be summarized in a way that cannot identify any individual.

Each survey takes about 5 minutes to complete.  Click “Next” at the bottom of the screen to continue.

**Survey logistics**

On the next page, we will ask you for some of your background characteristics, including professional setting, length of time working in the field, and race/ethnicity. We hope to connect these characteristics to your responses about each session. To do so, we need to create a unique ID for each person, which we will ask you to enter in each satisfaction survey.

You may want to write down or take a screen shot of this number. Please enter your first, middle, and last initial and two-digit year of birth as your unique ID on all surveys. For example, Michelle LaVaughn Obama (born 1/17/64) would enter: MLO64.  Please note that we will reassign your unique ID after the meeting so it is not identifiable to you individually. We are using this ID temporarily so people do not need to remember their ID number.

1. Please enter your unique ID here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographics**

Why do we ask for demographic information? These questions are about ways you describe yourself. This information is important to us because we want our training and technical assistance (T/TA) to be useful, meaningful, and respectful for everyone. If we find out something about this event is not as helpful for a particular group, we will be able to improve future T/TA to be sure it is more responsive to that group’s needs.

1. What program setting do you work with? (check all that apply)
2. State child support agency [CONTINUE TO Q3]
3. County or regional child support agency [CONTINUE TO Q3]
4. DV agency [SKIP TO Q4]
5. Other (please specify)\_\_\_\_\_\_\_\_\_ [CONTINUE TO Q3]
6. For those who work in child support, what is your role? (check all that apply)
7. Organizational leadership
8. Policy
9. Establishment
10. Enforcement
11. Legal Services
12. Client information
13. Administration
14. Caseworker
15. DV specialist
16. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. What state or Tribal group do you work in?
18. Ohio
19. New York
20. Missouri
21. Minnesota
22. Georgia
23. Texas
24. Wisconsin
25. Virginia
26. Washington
27. Michigan
28. Oklahoma
29. Colorado
30. Lac Courte Oreilles
31. How many years have you been working in the child support or domestic violence field? (multiple choice)
32. 0-2 years
33. 3-5 years
34. 6-10 years
35. 11-20 years
36. More than 20 years
37. What is your gender identity?
38. Woman
39. Man
40. Non-binary, gender non-conforming, or gender expansive
41. Which is your race and/or ethnicity? (select all that apply)
42. American Indian or Alaska Native – For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
43. Asian – For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
44. Black or African American – For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
45. Hispanic or Latino – For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
46. Middle Eastern or North African – For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
47. Native Hawaiian or Pacific Islander – For example, Nativa Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
48. White – For example, English, German, Irish, Italian, Polish, Scottish, etc.
49. How frequently do you work with clients who are survivors of domestic violence?
50. Daily to a couple of times a week
51. Once or twice a month
52. A couple of times a year
53. Less than once a year
54. Don’t know
55. How comfortable do you feel handling cases that involve domestic violence?
56. Very comfortable
57. Somewhat comfortable
58. Neutral
59. Somewhat uncomfortable
60. Very uncomfortable

Thank you for completing the survey! Click “Next” at the bottom of the screen to submit the survey.

**Surveys 2+: Session specific surveys**

**Consent**

These surveys are voluntary and you do not have to answer any questions if you don’t want to. All feedback will be kept private amongst SAVES Center team members. Results will be summarized in a way that cannot identify any individual. This survey will take about 5 minutes to complete. Click “Next” at the bottom of the screen to continue.

**Survey logistics**

1. Please enter your unique ID here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which session did you just attend?

*[insert drop down list of session titles and presenter names]*

**Overall satisfaction**

Please indicate your level of agreement with each of the following statements.

1. I was satisfied with the quality of this session.
2. Strongly disagree
3. Disagree
4. Neutral
5. Agree
6. Strongly agree
7. The presenter(s) was/were knowledgeable in the content area.
8. Strongly disagree
9. Disagree
10. Neutral
11. Agree
12. Strongly agree
13. The content of the session was relevant to my work.
14. Strongly disagree
15. Disagree
16. Neutral
17. Agree
18. Strongly agree
19. Did the presentation include concrete examples and information about working with communities that have been marginalized?
20. Yes
21. No
22. Not applicable
23. Did the presentation discuss how survivors might have different experiences with the topic at hand based on their various identities (race, income, immigration status, sexual orientation, etc.)?
24. Yes
25. No
26. Not applicable
27. Do you have concerns about the way the presenter(s) spoke about communities that have been marginalized (i.e., with stereotypes or bias)?
28. No
29. Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
30. Was the content presented in this session...
31. Far too advanced
32. A bit too advanced
33. About right
34. A bit too simple
35. Far too simple
36. The amount of time spent on the topic was…
37. Too much
38. Too little
39. About right

**Knowledge and practice**

1. BEFORE this session, my knowledge of the content/topics addressed can best be described as …
2. I had no knowledge of the content/topic addressed
3. I had minimal knowledge of the content/topic addressed
4. I had moderate knowledge of the content/topic addressed
5. I had a high level of knowledge of the content/topic addressed
6. AFTER this session, my knowledge of the content/topics addressed can best be described as …
7. I have no knowledge of the content/topic addressed
8. I have minimal knowledge of the content/topic addressed
9. I have moderate knowledge of the content/topic addressed
10. I have a high level of knowledge of the content/topic addressed
11. I learned something during this session that I plan to use in my work.
12. Strongly disagree
13. Disagree
14. Neutral
15. Agree
16. Strongly agree
17. I gained valuable insight from other SAVES demonstration grantees through attending the session.
18. Strongly disagree
19. Disagree
20. Neutral
21. Agree
22. Strongly agree

**Presentation strengths and areas for improvement**

1. What do you think worked well in this presentation? [open-ended]

*Consider the content, the presenter’s style, the format of the session, the resources provided during the session, etc.*

1. How can we improve this session? [open-ended]

*Consider the content, the presenter’s style, the format of the session, the resources provided during the session, etc*.

1. What other topics or issues would you have liked to have discussed, if there had been additional time?

Thank you for completing the survey!

 **End of Grantee Meeting Satisfaction Survey**

Consent

These surveys are voluntary and you do not have to answer any questions if you don’t want to. All feedback will be kept private amongst SAVES Center team members. Results will be summarized in a way that cannot identify any individual. This survey will take about 5 minutes to complete

**Survey logistics**

1. Please enter your unique ID here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall satisfaction**

Please indicate your level of agreement with each of the following statements.

1. I was satisfied with the quality of the meeting overall.
2. Strongly disagree
3. Disagree
4. Neutral
5. Agree
6. Strongly agree

1. I feel more connected to other grantees after this meeting than I did before.
2. Strongly disagree
3. Disagree
4. Neutral
5. Agree
6. Strongly agree

1. I feel (even more) inspired after attending this meeting about the importance of the SAVES work.
2. Strongly disagree
3. Disagree
4. Neutral
5. Agree
6. Strongly agree

**Knowledge and practice**

1. I feel better equipped to… (check all that apply)
	* engage with their local DV coalition
	* include survivors in future activities
	* do effective process mapping
	* organize an advisory council
	* develop interventions with courts/dealing with parenting time
	* develop triage teams
	* identify knowledge, attitudes, behavior, and policy or system changes that might be necessary to meet our long-term goals
	* articulate the supports provided on the evaluation by the SAVES Center
	* recognize similar and different structures and strategies across demonstration sites
	* identify strategies and concerns for engaging people who use violence
	* create authentic relationships in which survivors can share their lived experiences
	* identify components of equitable and sustainable partnerships at the local, state, and national levels
	* articulate the values, goals, structures, and roles people play in the SAVES initiative

**Meeting strengths and areas for improvement**

1. Please list 2-3 things that you learned during this meeting that you plan to implement in your work going forward?

1. What do you think worked well in this meeting? [open-ended]

*Consider the content, the presenters’ style, the flow of the sessions, the resources provided throughout the meeting, the time for breaks, the balance between interactive workshops or networking and presentations, etc.*

1. How could this meeting have been better? [open-ended]

*Consider the content, the presenters’ style, the flow of the sessions, the resources provided throughout the meeting, the time for breaks, the balance between interactive workshops or networking and presentations, etc.*

1. What topics or issues discussed in the meeting would you like to discuss in more depth in future meetings or calls?

1. What other topics or issues not discussed in the meeting would you like to discuss in future meetings or calls?