

OMB Control No: 0970-0531  
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# Facilitator Post-Training Survey

DRAFT

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#### THE PAPERWORK REDUCTION ACT OF 1995

This collection of information is voluntary and will be used to provide the Administration for Children and Families with information to help refine and guide program development in adolescent pregnancy prevention. Public reporting burden for the collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB number and expiration date for this collection are OMB #: 0970-0531, Exp: 07/31/2022. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Tiffany Waits at [twaits@mathematica-mpr.com](mailto:twaits@mathematica-mpr.com).

Thank you in advance for taking this survey! This pilot project is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services and is being conducted by Mathematica. The purpose of this short survey is to learn about your experience in the [NAME OF TRAINING]. The information you provide will help ACF learn about ways to enhance training for facilitators delivering SRAE programs. The feedback you provide will be used by the research team to improve the [NAME OF TRAINING] to better meet your needs as a facilitator.

Your participation in this survey is voluntary. There are no risks associated with completing the survey, which should take about 10 minutes. We will not collect any personal information (for example, your name, email, or phone number) as part of the survey. Your answers will remain anonymous, except as required by law, and no [SITE NAME] staff will see your individual responses. We hope you answer all survey questions, but you may skip any question you do not want to answer.

If you have any questions or comments about this information collection, contact Tiffany Waits, the survey director, at [twaits@mathematica-mpr.com](mailto:twaits@mathematica-mpr.com) or (202) 264-3498.

**1. Please rate your current level of knowledge about the following topics.**

|                                       | No Knowledge            | Somewhat knowledgeable  | Knowledgeable           | Very knowledgeable      |
|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. [insert specific training content] | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. [insert specific training content] | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. [insert specific training content] | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. [insert specific training content] | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. [insert specific training content] | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. [insert specific training content] | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

**2. Thinking about the class sessions you facilitate with youth, please respond to the following statements:**

|  | Strongly disagree       | Disagree                | Agree                   | Strongly agree          |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. I feel comfortable using [INSERT STRATEGY] in an upcoming class.                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Using [INSERT STRATEGY] will improve my facilitation.                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. Using [INSERT STRATEGY] will make my job easier.                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. Using [INSERT STRATEGY] will make my facilitation more complicated.                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Using [INSERT STRATEGY] will create more work for me.                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. I feel like I will have the support I need to use [INSERT STRATEGY].                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. I believe using [INSERT STRATEGY] could increase youth's engagement with the content. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

**3. Thinking about your experiences during [NAME OF TRAINING], please respond to the following statements:**

|  | Strongly disagree       | Disagree                | Agree                   | Strongly agree          |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. I understood the content presented during the training.                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. The topics discussed are useful for my facilitation.                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. I had trouble paying attention during the training.                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. The training was engaging.  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. I will use the content presented during training when I facilitate.       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. Using the content presented during training will improve my facilitation. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

**4. Overall, how satisfied were you with the training?**

*Select one only*

- Very satisfied.....1
- Satisfied.....2
- Neutral.....3
- Dissatisfied.....4
- Very dissatisfied.....5

**5. What was the most important thing you learned during this training?**

**6. What was the most helpful part of this training?**

**7. What was the least helpful part of the training?**

**8. Do you have any suggestions to improve the training?**

Thank you for sharing your experiences with us today.