OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 05/31/2025

**AGENCY DISCLOSURE NOTICE**

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DAVA Training Feedback Form

Start of Block: Introduction

Introduction

The following short evaluation (10 minutes or less) requests feedback regarding the training you just completed. All feedback received will remain anonymous and be used to evaluate instructor/s and training content. Feedback is voluntary, but your input is appreciated and will help us ensure that this training program is robust and valuable to DAVAs and other Coordinated Community Response members. Please do not share any personally identifying information in your responses.

End of Block: Introduction

Start of Block: Default Question Block

1. In which branch of the armed services do you serve as a victim advocate?

* Army
* Navy
* Marines
* Air Force
* Space Force

2. Which of the following describes where your position is physically located?

* In the Continental United States (CONUS)
* Outside the Continental United States (OCONUS)

On a scale of 1 (very poor) to 5 (very good), how would you rate the ...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 (Very Poor) | 2 (Poor) | Neutral (3) | Good (4) | Very Good (5) |
| 3. Amount of content included  |  |  |  |  |  |
| 4. Ease of understanding content  |  |  |  |  |  |
| 5. Relevance of content for your current position  |  |  |  |  |  |
| 6. Organization and structure of content  |  |  |  |  |  |
| 7. Pace of the training  |  |  |  |  |  |
| 8. Overall quality of the training material  |  |  |  |  |  |
| 9. Overall quality of the training instructor/s  |  |  |  |  |  |

Please respond to included questions regarding expectations, recommendations, and follow-ups for the recent training.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Unsure | Yes |
| 10. Did the course meet your expectations?  |  |  |  |
| 11. Do you think this training adequately addressed the stated learning objectives?  |  |  |  |
| 12. Would you recommend this training to your colleagues?  |  |  |  |
| 13. Do you think this training needs an additional follow-up session?  |  |  |  |

14. Was there any content that you feel was missing from the training? Was there any content that you think should be removed? (Please do not share any personally identifying information in your response.)

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15. What suggestions do you have to improve the overall quality of the training? (Please do not share any personally identifying information in your response.)

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16. Do you have any suggestions for future training topics or to help improve the learning experience in subsequent trainings? (Please do not share any personally identifying information in your response.)

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End of Block: Default Question Block