

# Group TA Feedback

Please complete the survey below.

Thank you!

Thank you for participating in today's event. To help us meet your training and technical assistance (TTA) needs, please take a few minutes to complete the following brief feedback questionnaire. Your participation is completely anonymous and voluntary. All questions are optional. You may choose to skip questions that you do not wish to answer or discontinue the questionnaire at any point.

CDC estimates the average public reporting burden for this collection of information as 5 minutes per questionnaire, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied	Prefer not to answer
1. Overall, how satisfied are you with this event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please rate your level of understanding/agreement (strongly disagree, disagree, agree, or strongly agree) with the following statements about what you learned in this event.

	Strongly disagree	Disagree	Agree	Strongly agree
Topic/Learning Objective 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic/Learning Objective 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic/Learning Objective 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please rate your level of agreement (strongly disagree, disagree, agree, or strongly agree) with the following statements about the quality of this event.

	Strongly disagree	Disagree	Agree	Strongly agree	N/A
The topic(s) aligned with my organization's needs and priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to use or apply information gained from this event in my professional work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The teaching methods were effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter(s) was knowledgeable about the topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The event balanced didactic information (information that is intended to teach) with opportunities for questions and discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My cultural background, traditions, and identities were respected in this space.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found this event a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What would you do to improve this event? (Select all that apply.)	<input type="checkbox"/> Decrease the length of the event. <input type="checkbox"/> Improve the instructional methods. <input type="checkbox"/> Include or increase small group/interactive portions. <input type="checkbox"/> Increase the amount of content covered. <input type="checkbox"/> Increase the length of the event. <input type="checkbox"/> Offer the event at a more convenient time. <input type="checkbox"/> Provide more/better information before the event. <input type="checkbox"/> Reduce the amount of content covered. <input type="checkbox"/> Remove or reduce small group/interactive portions. <input type="checkbox"/> Other:
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Please explain: "Other"	<div></div>
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5. Please use this as a space to elaborate on any areas of improvement you identified above.	<div></div>
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6. How do you intend to use what you've learned during this event? Examples could include enhancing your organization's programming, informing training efforts, and informing decision makers about best practices and/or policies.	<div></div>
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7. Are there any barriers to implementing the information you learned in today's event?	<div><input type="radio"/> Yes <input type="radio"/> No</div>
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8. If yes, please explain any barriers.	<div></div>
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9. Please share any additional questions that were not addressed during this event.	<div></div>
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10. What other topics for group learning events would you like to see offered, including topics that you heard about today, that you want to hear more about?	<div></div>
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11. What is your primary role in supporting Core SIPP?	<div></div>
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