

Notes for Administration of Survey: The below questions are to gather feedback from participants in OFA's STAR training and technical assistance (TTA) activities, at the start of the TTA activity. The proposed questions gather feedback about the knowledge and skills related to the TTA topic that participants start with. Responses to the proposed feedback questions will be gathered through two means: (1) the registration process to capture data before an event and/or (2) web-based surveys at the start of an event. No more than six questions from the below set will be selected for each TTA activity.

[TTA Activity Title] Feedback Pre-Survey

Intro Text for Respondents: We have a few short questions that will help us understand your knowledge and skills coming into this [TTA activity]. We will ask you the same questions again at the end of the [TTA activity]. This will help us understand how participants' knowledge or skills may have changed. We guarantee the privacy of the information you provide. Answers to the questions below will only be reported after combining all responses. The results will not identify you as an individual.

Select one per row

	No knowledge	Limited knowledge	Moderate knowledge	Considerable knowledge	Extensive knowledge
1. How would you rate your knowledge about [learning objective topic 1]?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2. How would you rate your knowledge about [learning objective topic 2]?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3. How would you rate your knowledge about [learning objective topic 3]?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4. How would you rate your knowledge about [learning objective topic 4]?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to gather feedback from participants in Office of Family Assistance technical assistance activities about the quality of the technical assistance they receive. Public reporting burden for this collection of information is estimated to average 2 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is XX/XX/2027. If you have any comments on this collection of information, please contact Lizeth Hester at Lizeth.hester@acf.hhs.gov.

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5. ~~How would you rate your current skills related to [learning objective skill 1]?~~

SELECT ONE ONLY

- 1 ☐ No ability
- 2 ☐ Limited ability
- 3 ☐ Moderate ability
- 4 ☐ Considerable ability
- 5 ☐ Extensive ability

6. What are the last four digits of your phone number?

We will only use this information to connect your responses on this survey with your responses to the same questions on the post-survey. This helps us understand changes in participants' knowledge and skills.

Last four digits of phone number: ____ ____ ____ ____

Thank you!