

Public Burden Statement: To judge performance against goals, HRSA HAB will administer technical assistance evaluation surveys following TA and training, webinars, teleconferences, and meetings. Findings will drive quality improvement activities and reports. 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 control number for this information collection is 0915/0906-XXXX and it is valid until 12/31/2026. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

#### 4. Community of Practice Session Assessment Instrument

##### Instructions:

To measure the effectiveness of the (*insert date*) Community of Practice (CoP) learning session, we invite you to complete this survey.

The survey will take about 5 minutes to complete.

Your identifying information and survey responses are confidential and will only be seen by the evaluation team. Individual responses will be combined with responses from all other survey participants for reporting purposes. Your honest responses will help us improve the CoP learning sessions.

1. Type of employment organization: (check one)

- |                                     |                          |
|-------------------------------------|--------------------------|
| Local/State Government Agency       | <input type="checkbox"/> |
| Tribal Organization                 | <input type="checkbox"/> |
| Outpatient Behavioral Health Agency | <input type="checkbox"/> |
| Community Health Center             | <input type="checkbox"/> |
| FQHC/FQHC look-alike                | <input type="checkbox"/> |
| University Medical Center/Hospital  | <input type="checkbox"/> |
| Faith-based Organization            | <input type="checkbox"/> |
| AIDS Service Organization (ASO)     | <input type="checkbox"/> |
| Other                               | <input type="checkbox"/> |

2. Position Title: \_\_\_\_\_

3. How long have you been in your current position? \_\_\_\_

4. In your current position, do you work directly with patients?

☐ Yes  
☐ No

5. What is your age? \_\_\_\_\_

6. What is your gender identity?

Woman ☐  
Man ☐  
Transgender ☐  
Non-binary ☐  
Other ☐

7. Are you Hispanic or Latino?

☐ Yes  
☐ No

8. What do you consider yourself to be? (Select one or more.)

Alaska Native ☐  
American Indian ☐  
Asian ☐  
Black or African American ☐  
White/Caucasian ☐  
Native Hawaiian or Other Pacific Islander ☐  
Other ☐

Please indicate the extent to which you agree with the following statements about today's session.	(4) = Strongly Agree	(3) = Agree	(2) = Neutral	(1) = Strongly Disagree
9. My learning expectations were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am satisfied with the quality of staff leading the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The content was engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Facilitators were responsive to participants' comments and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The material presented was useful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I expect that the session will benefit my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am satisfied with my experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the effectiveness of the following:	(4) = Very Effective	(3) = Effective	(2) = Somewhat Effective	(1) = Not at all Effective	(0) = Not Applicable
16. Facilitator-led presentations and PowerPoint slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Report outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>