

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 0915-0391 and it is valid until 7/31/2026. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.13 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 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

5. Targeted and Intensive TA Assessment Instrument

Instructions:

To measure the effectiveness of the technical assistance we provided on (*insert date*), 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 understand how the technical assistance may be improved.

1. Type of employment organization: (check one)

- | | |
|-------------------------------------|--------------------------|
| Local/State Government Agency | ☐ |
| Tribal Organization | ☐ |
| Outpatient Behavioral Health Agency | ☐ |
| Community Health Center | ☐ |
| FQHC/FQHC look-alike | ☐ |
| University Medical Center/Hospital | ☐ |
| Faith-based Organization | ☐ |
| AIDS Service Organization (ASO) | ☐ |
| Other | ☐ |

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? _____

Please tell us how you feel about the session:	(5) = Very Satisfied	(4) = Satisfied	(3) = Neutral	(2) = Dissatisfied	(1) = Very Satisfied
9. How satisfied are you with the overall quality of this technical assistance?	☐	☐	☐	☐	☐
10. How satisfied are you with the quality of the staff leading the session?	☐	☐	☐	☐	☐
11. How satisfied are you with the quality of the technical assistance materials?	☐	☐	☐	☐	☐
12. Overall, how satisfied are you with your technical assistance experience?	☐	☐	☐	☐	☐

Please indicate your agreement with these statements about the technical assistance:	(5) = Strongly Agree	(4) = Agree	(3) = Neutral	(2) = Disagree	(1) = Strongly Disagree
13. The technical assistance was well organized.	☐	☐	☐	☐	☐
14. The material presented in this session will be useful to me.	☐	☐	☐	☐	☐
15. The staff were knowledgeable about the subject matter.	☐	☐	☐	☐	☐
16. The staff were well prepared.	☐	☐	☐	☐	☐
17. The staff were receptive to participants' comments and questions.	☐	☐	☐	☐	☐
18. The technical assistance enhanced my skills in this topic area.	☐	☐	☐	☐	☐
19. The technical assistance was relevant to my career.	☐	☐	☐	☐	☐

20. I expect to use the information gained from this technical assistance session.	☐	☐	☐	☐	☐
21. I expect the technical assistance to benefit my clients.	☐	☐	☐	☐	☐