

Attachment A

Personal Responsibility Education Program (PREP) Topical Training Survey

Please note your participation in this survey is voluntary. Survey responses are anonymous and will be kept private. The information collected will enable the Family and Youth Services Bureau (FYSB) to improve the quality of topical trainings and inform the development of future training and technical assistance opportunities and products for FYSB's *The Exchange* website. THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, gathering, and maintaining the data needed, 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. The control number for this project is 0970-0401. The control number expires on 5/31/2027. If you have any comments on this collection of information, please contact Kati Derrick at kathleen.derrick@acf.hhs.gov.

Training Design and Delivery

Thank you for providing us with your feedback. Your responses help us better tailor these events to participants' needs. Please note: Responses to survey questions are optional.

1. Please indicate your role in your organization:

- ☐₁ Administrative (e.g., program director, program coordinator)
☐₂ Program implementation (e.g., facilitator, educator)
☐₃ Evaluation
☐₄ Other (describe)
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2. Please indicate the one category that best represents your role:

- ☐₁ State PREP grantee staff
☐₂ State PREP subrecipient staff
☐₃ Tribal PREP grantee staff
☐₄ Tribal PREP subrecipient staff
☐₅ Competitive PREP grantee staff
☐₆ Competitive PREP subrecipient staff
☐₇ PREIS grantee staff
☐₈ PREIS subrecipient staff

Please read each item below and mark the most appropriate response choice.

Overall Evaluation	Strongly agree 5	Agree 4	Neutral/ Not sure 3	Disagree 2	Strongly disagree 1
1. I will be able to use the information and skills learned in this training in my future work.					
2. The information shared during this training was clear and understandable.					
3. [Insert trainer name] was engaging and knowledgeable on the topic.					
4. [Insert trainer name] encouraged participation and questions.					

Overall, please indicate how much you agree or disagree with the following statements regarding meeting training objectives. Please answer from your individual perspective.

As a result of this training, I am able to...	Strongly agree 5	Agree 4	Neutral/ Not sure 3	Disagree 2	Strongly disagree 1
1. Asses their agency's processes to ensure compliance with Personal Responsibility Education Program (PREP) legislative and notice of funding opportunity (NOFO) requirements.					
2. Identify specific tips and strategies to enhance program management and administration.					
2. Identify at least two areas for improvement to enhance overall project performance.					
4. Identify action steps to integrate tips and strategies into plans to improve or optimize program management and/or administration.					

Overall, please indicate how much you agree or disagree with the following statements.

Training Logistics	Strongly agree 5	Agree 4	Neutral/ Not sure 3	Disagree 2	Strongly disagree 1
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1. The training materials provided were relevant and informative.
2. The content of the training was relevant and informative.
3. The information was presented in an organized, concise manner.
4. The length of the training was appropriate.
5. The training was well-organized.
6. The training staff was helpful and courteous.

Overall, please rate your satisfaction with the following.

Registration and Accommodations	Very satisfied 5	Satisfied 4	Neutral/ Not sure 3	Dissatisfied 2	Very dissatisfied 1
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1. The training registration process
2. The training technology

What was most beneficial about the training? _____

What aspect of the training was least useful? Why? _____

What could be improved for future trainings? _____

What other specific topics would you like to see addressed in future FYSB trainings? _____

What types of networking opportunities would you like for FYSB to provide in its trainings? _____

Additional comments: _____

Thank you!