

**Attachment A****2025 Sexual Risk Avoidance Education (SRAE) 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.

**Training Design and Delivery****1. Circle one response for each question.**

How satisfied were you with the training?	Highly dissatisfied	1	2	3	4	5	Highly satisfied
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**1a. Please explain your reasoning for this rating.****2. Please rate how helpful the following aspects of the training were in your learning.**

	Not at all Helpful	Somewhat Helpful	Helpful	Very Helpful
a. Training materials and handouts	1	2	3	4
b. Training activities and exercises	1	2	3	4
c. Training presentations	1	2	3	4

2d. *Please explain your reasoning for this rating.*

3. *Please rate this training in the following areas.*

			Just Right					
a.	Training length	Too Long	1	2	3	4	5	Too Short
b.	Level of Training Content	Too Basic	1	2	3	4	5	Too Complex
c.	Training pace	Too Slow	1	2	3	4	5	Too Fast

3d. *Please explain your reasoning for this rating.*

3e. *What aspect(s) of the training was most helpful? Why?*

3f. *What aspect(s) of the training was least useful? Why?*

**Trainer Skills: Trainer Name**

4. *Please indicate the extent to which you agree/disagree with the following statements.*

	Strongly Disagree		Neutral		Strongly Agree
a. Trainer was knowledgeable about the subject matter.	1	2	3	4	5
b. Trainer communicated information clearly.	1	2	3	4	5
c. Trainer facilitated and presented the sessions effectively.	1	2	3	4	5
d. Trainer was responsive to questions.	1	2	3	4	5

4e. Please explain your reasoning for this rating.

4f. *Please add any additional comments for the trainer.*

#### Other Suggestions

5. *How could this training be improved?*

## Knowledge

6. *Please rate your confidence in your ability to list, describe, or explain the following items first **BEFORE** and then **AFTER** attending this training (on a scale of 1 to 5, with 1 = not at all confident and 5 = very confident).*

	<b>BEFORE</b> you took this training					<b>NOW, AFTER</b> you have taken this training				
<b>KNOWLEDGE</b> How confident are you in your ability to:	Not at all confident	Not very confident	Somewhat Confident	Confident	Very Confident	Not at all confident	Not very confident	Somewhat Confident	Confident	Very Confident
a. Training Goal # 1	1	2	3	4	5	1	2	3	4	5
b. Training Goal #2	1	2	3	4	5	1	2	3	4	5
c. Training Goal #3	1	2	3	4	5	1	2	3	4	5
d. Training Goal #4	1	2	3	4	5	1	2	3	4	5

7. Do you think the knowledge gained through the training will change your behavior when working with youth?

## Training Registration and Accommodations

8. *Please rate your overall satisfaction with registration and accommodations.*

a. Training registration process	Highly dissatisfied	1	2	3	4	5	Highly satisfied
b. Training facilities	Highly dissatisfied	1	2	3	4	5	Highly satisfied
c. Hotel accommodations (in-person trainings only)	Highly dissatisfied	1	2	3	4	5	Highly satisfied
d. Training communications	Highly dissatisfied	1	2	3	4	5	Highly satisfied

8e. ***Please explain your reasoning for this rating.***

9. ***What other specific topics would you like to see addressed in future FYSB trainings, webinars, and other technical assistance activities?***

10. (Virtual trainings only) Did the virtual platform provide a satisfactory experience and facilitate meaningful engagement during the training? Please explain your response.

**11. *Other comments***

**Thank you!**