OMB Control Number: 0970-0401 Expiration Date: 5/31/2027

#### 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 questi	ion.						
How satisfied were you with the training?	Highly dissatisfie d	1	2	3	4	5	Highly satisfied
1a. Please explain your reasoning for the	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

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform and enable the Family Youth Services Bureau (FYSB) to improve the quality of the topical trainings, inform the development of future training offerings, and other technical assistance opportunities and products for the FYSB's *The Exchange Website* Public reporting burden for this collection of information is estimated to average 10 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 5/31/2027. If you have any comments on this collection of information, please contact Kati Derrick at Kathleen.Derrick@acf.hhs.gov.

2d.	Please explain your reasoni	ng for this rating	g.					
3.	Please rate this <u>training</u> in t	the following are	eas.					
				J	ust Rig	ht		
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 reasoni	na for this rating	a.					
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What aspect(s) of the training was <u>least</u> useful? Why?
What aspect(s) of the training was <u>reast</u> aseful: Why:
Trainer Skills: Trainer Name

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

		Stro Disa	ngly gree	Neu	Strongl y 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).

		BEFORE you took this training				NOW, AFTER you have taken this training					
Hov	OWLEDGE v c <u>onfident</u> are 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
С	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 tillik tile kilo	wiedge gamed unough t	me training win Cha	lige your beliavior w	nen 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

e.	Please explain your reasoning for this rating.
-	
•	What other specific topics would you like to see addressed in future FYSB trainings, webinars, and other technical assistance activities?
). (	Virtual trainings only) Did the virtual platform provide a satisfactory experience and facilitate meaningful engagement during the training? Please explain your response.
). (	Virtual trainings only) Did the virtual platform provide a satisfactory experience and facilitate meaningful engagement during the training? Please explain your response.
). ( <sup>*</sup>	Virtual trainings only) Did the virtual platform provide a satisfactory experience and facilitate meaningful engagement during the training? Please explain your response.
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	11.Other comments
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Thank you!