

Alaska Post Award Training Evaluation

Trainer(s):

Location:

Date:

1. Have you received Training or Technical Assistance services from the Alaska Region TTA Center in the past three years? Yes/no

Read the questions below and choose your level of agreement. (1 = Disagree, 5 = Agree)

2. The instructors were knowledgeable and helpful throughout this course and culturally respectful of the conditions our Pacific Islander, Alaska Native, and American Indian communities face.
3. My understanding of Community-based Project Design has increased due to this ANA Alaska Region PPD Training.

Please rate each of the following on a scale of 1-5 (1 = Poor, 5 = Excellent)

4. The trainer was prepared
5. Trainer presented information clearly
6. Trainer's knowledge of material and responsiveness to questions
7. Training relevant to the audience
8. Helpfulness in preparing to submit reports and track measurables
9. Training Manual
10. Training exercises
11. Overall rating of the session
12. What topic did you find most useful
13. How did you hear about this training, for example newsletter, Facebook, Alaska TTA Center website, radio, word of mouth.
14. If you could change one thing about this training, what would it be?
15. Additional Comments:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:
The purpose of this information collection is to gather information on the participants' experience with the training and how ANA Training and Technical Assistance Providers can improve training opportunities. Public reporting burden for this collection of information is estimated to average 5 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 Amy Zukowski@acf.hhs.gov.