

Attachment A

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. THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 10 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 06/30/2024. If you have any comments on this collection of information, please contact Corey Palmer at Corey.Palmer@acf.hhs.gov

Training Design and Delivery

1. *Circle one response for each question.*

| | | | | | | | |
|---|---------------------|---|---|---|---|---|------------------|
| Please rate your overall satisfaction with this <u>training</u> . | Highly dissatisfied | 1 | 2 | 3 | 4 | 5 | Highly satisfied |
|---|---------------------|---|---|---|---|---|------------------|

1a. *If you gave a score 1, 2, or 3 on this question, 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. *If you gave a score 1 or 2 on questions 2a–2c please explain your reasoning for this rating.*

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| |
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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. *If you gave a score of 1 or 5 on questions 3a–3c, please explain your reasoning for this rating.*

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| |
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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. *If you gave a score 1, 2, or 3 for questions 4a–4d, 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).*

| | <i>BEFORE</i> you took this training | | | | | <i>NOW, AFTER</i> you have taken this training | | | | |
|---|---|--------------------|--------------------|-----------|----------------|---|--------------------|--------------------|-----------|----------------|
| | Not at all confident | Not very confident | Somewhat Confident | Confident | Very Confident | Not at all confident | Not very confident | Somewhat Confident | Confident | Very Confident |
| KNOWLEDGE How confident are you in your ability to: | | | | | | | | | | |
| 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 |

Training Registration and Accommodations

7. *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 | Highly dissatisfied | 1 | 2 | 3 | 4 | 5 | Highly satisfied |
| d. Training communications | Highly dissatisfied | 1 | 2 | 3 | 4 | 5 | Highly satisfied |

7e. *If you gave a score 1 or 2 on questions 7a–7d, please explain your reasoning for this rating.*

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

9. *Other comments*

Thank you!