

Form Approved  
OMB No. 0920-0840  
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## **DASH DEMO: CHECKS PD Pilot Study**

### **Attachment 6**

#### **In-person Training Survey**

Public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

## In-person training evaluation

1. How well did this training meet the following goals?

	Not at all	A little	Some	A lot
Describe the importance and goals of comprehensive health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand how federal, state, and local policies and standards impact implementation of comprehensive health education.				
Identify core ethics, capacities, and skills of effective teaching; all of which integrate equity and inclusion strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify instructional assessments to measure student health-related knowledge, attitudes, and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Rate your level of confidence related to the following learning objectives **BEFORE** completing the CHECKS training

How confident did you feel <b>BEFORE</b> completing this training to...	Not at all confident	Somewhat confident	Moderately confident	Highly confident
Plan and deliver health education instruction that advances the learning of each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the importance of health education standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the importance of professional capacity in health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the importance of using student-centered strategies in health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate effective and inclusive teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine student assessments to measure student health-related knowledge, attitudes, and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Since completing the CHECKS training, please rate your **CURRENT** level of confidence related to the following learning objectives.

How confident did you feel <b>NOW</b> , since completing this training to...	Not at all confident	Somewhat confident	Moderately confident	Highly confident
Plan and deliver health education instruction that advances the learning of each student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the importance of health education standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the importance of professional capacity in health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the importance of using student-centered strategies in health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate effective and inclusive teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine student assessments to measure student health-related knowledge, attitudes, and behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Tell us how much participating in this training increased your knowledge, skills, confidence, and motivation related to teaching health education.

How much did participating in this training increase your...	Did not increase at all	Increased a little	Increased somewhat	Increased a lot
Overall <b>KNOWLEDGE</b> of the content presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall <b>SKILLS</b> presented and practiced during the module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall <b>CONFIDENCE</b> that I can apply the knowledge and skills to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall <b>MOTIVATION</b> to implement the knowledge and skills presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Indicate your level of agreement with the following statements:

	Strongly disagree	Disagree	Agree	Strongly Agree
The facilitator(s) was knowledgeable about the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitator(s) adequately answered questions/concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitator(s) created a positive, inclusive learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training kept my interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Will you use what you learned in this training in your work?

Definitely not      Probably not      Probably will      Definitely will

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(skip response – only ask if responded probably will or definitely will):  
How will you use what you learned in this training? Please describe.

7. Rate your overall level of satisfaction with the training.

Very dissatisfied      Dissatisfied      Somewhat satisfied      Very satisfied

①	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Please share at least one way we could have improved your training experience.

9. Is there anything else about this training that you would like to share with us?