

GAHM DEMO: CHECKS PD Pilot Study

Attachment 6

Incidence Training Survey

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In-Person Training Evaluation

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IN-PERSON TRAINING EVALUATION

In-Person Training Evaluation

Question #1 1 / 29

How well did this training meet the following goals?

Describe the importance and goals of comprehensive health education

ICF Institutional Review Board
IRB00001920
FWA00002349
Determination: Exempt Determination Date: December 15, 2020

☐ Not at all ☐ A little ☐ Some ☐ A lot

Question #2 2 / 29

How well did this training meet the following goals?

Understand how federal, state, and local policies and standards impact implementation of comprehensive health education.

☐ Not at all ☐ A little ☐ Some ☐ A lot

Question #3 Thursday, December 11, 2020

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IN-PERSON TRAINING EVALUATION

Question #3 3 / 29

How well did this training meet the following goals?

Identify core ethics, capacities, and skills of effective teaching; all of which integrate equity and inclusion strategies

☐ Not at all ☐ A little ☐ Some ☐ A lot

Question #4 4 / 29

How well did this training meet the following goals?

Identify instructional assessments to measure student health-related knowledge, attitudes, and behaviors.

☐ Not at all ☐ A little ☐ Some ☐ A lot

Question #5 5 / 29

How confident did you feel **BEFORE** completing this training to plan and deliver health education instruction that advances the learning of each student

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #6 6 / 29

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IN-PERSON TRAINING EVALUATION

Question #6 6 / 29

How confident did you feel **BEFORE** completing this training to describe the importance of health education standards

☐ Not at all ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #7 7 / 29

How confident did you feel **BEFORE** completing this training to describe the importance of professional capacity in health education

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #8 8 / 29

How confident did you feel **BEFORE** completing this training to describe the importance of using student-centered strategies in health education

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #9 9 / 29

How confident did you feel **BEFORE** completing this training to demonstrate effective and inclusive teaching strategies

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

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IN-PERSON TRAINING EVALUATION

Question #10 10 / 29

How confident did you feel **BEFORE** completing this training to determine student assessments to measure student health-related knowledge, attitudes, and behaviors

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #11 11 / 29

How confident did you feel **NOW**, since completing this training to plan and deliver health education instruction that advances the learning of each student

☐ Not at all ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #12 12 / 29

How confident did you feel **NOW**, since completing this training to describe the importance of health education standards

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #13 13 / 29

How confident did you feel **NOW**, since completing this training to describe the importance of professional capacity in health education

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

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IN-PERSON TRAINING EVALUATION

Question #14 14 / 29

How confident did you feel **NOW**, since completing this training to describe the importance of using student-centered strategies in health education

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #15 15 / 29

How confident did you feel **NOW**, since completing this training to demonstrate effective and inclusive teaching strategies

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #16 16 / 29

How confident did you feel **NOW**, since completing this training to determine student assessments to measure student health-related knowledge, attitudes, and behaviors

☐ Not at all confident ☐ Somewhat confident ☐ Moderately confident ☐ Highly confident

Question #17 17 / 29

How much did participating in this training increase your overall **KNOWLEDGE** of the content presented

☐ Did not increase at all ☐ Increased a little ☐ Increased somewhat ☐ Increased a lot

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IN-PERSON TRAINING EVALUATION

Question #18 18 / 29

How much did participating in this training increase your overall **SKILLS** presented and practiced during the module

☐ Did not increase at all ☐ Increased a little ☐ Increased somewhat ☐ Increased a lot

Question #19 19 / 29

How much did participating in this training increase your overall **CONFIDENCE** that I can apply the knowledge and skills to my job

☐ Did not increase at all ☐ Increased a little ☐ Increased somewhat ☐ Increased a lot

Question #20 20 / 29

How much did participating in this training increase your overall **MOTIVATION** to implement the knowledge and skills presented

☐ Did not increase at all ☐ Increased a little ☐ Increased somewhat ☐ Increased a lot

Question #21 21 / 29

The facilitator(s) was knowledgeable about the subject matter

☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

Thursday, December 31, 2020

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IN-PERSON TRAINING EVALUATION

Question #22

22 / 29

The facilitator(s) adequately answered questions/concerns

☐

Strongly disagree

☐

Disagree

☐

Agree☐

Question #23

23 / 29

The facilitator(s) created a positive, inclusive learning environment

☐

Strongly Disagree

☐

Disagree☐☐

Question #24

24 / 29

The training kept my interest

☐

Strongly disagree

☐

Disagree☐☐

Question #25

25 / 29

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

☐

Definitely not

☐

Probably not☐☐

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IN-PERSON TRAINING EVALUATION

Question #26

26 / 29

How will you use what you learned in this training? Please describe.

Question #27

27 / 29

Rate your overall level of satisfaction with the training.

☐

Very dissatisfied

☐

Dissatisfied

☐

Somewhat satisfied☐

Question #28

28 / 29

Please share at least one way we could have improved your training experience.

Question #29

29 / 29

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