

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 current 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

# In-Person Training Evaluation

ICF Institutional Review Board

IRB00001920

FWA00002349

Exempt Determination Date: December 1, 2022

ICF Incorporated LLC

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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.

☐ 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 ☐ Strongly agree

Question #23 23 / 29

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

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

Question #24 24 / 29

The training kept my interest

☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree

Question #25 25 / 29

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

☐ Definitely not ☐ Probably not ☐ Probably will ☐ Definitely will

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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 ☐ Very 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?