

[TEMPLATE] Participant Feedback Form for Group Learning Events

Thank you for participating in today's event. To help us meet your training and technical assistance (TTA) needs, please take a few minutes to complete the following brief survey. Your participation is completely anonymous and voluntary. All survey questions are optional. You may choose to skip survey questions that you do not wish to answer or discontinue the survey at any point. If you have any questions about VPTAC or this survey, please email vptac@cdc.gov.

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Public reporting burden of this collection of information is estimated to average 10 minutes per respondent. 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-1050).

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1. Please indicate whether you are involved in any of the following CDC-funded programs. (Check all that apply.)

- ☐ Rape Prevention and Education (RPE)
- ☐ Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) AHEAD
- ☐ Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action (PACE:D2A)
- ☐ Preventing Violence Affecting Young Lives (PREVAYL)
- ☐ Comprehensive Suicide Prevention Program (CSP)
- ☐ National Violent Death Reporting System (NVDRS)
- ☐ Not sure
- ☐ Other:

2. Please describe your type of organization.

- ☐ State health department
- ☐ Local health department
- ☐ State domestic violence coalition
- ☐ Sexual violence coalition
- ☐ Community based organization (sub-recipient)
- ☐ Other:

3. Briefly describe your primary role in your organization.

- ☐ Program implementation support
- ☐ Evaluation support
- ☐ Administrative support
- ☐ Other:

4. Please rate your level of agreement (*strongly disagree, disagree, agree, or strongly agree*) with the following statements about what you learned in this event.

As a result of this group TTA event, I better understand...

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Topic/Learning Objective 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Topic/Learning Objective 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Topic/Learning Objective 3 (Add more as needed) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Please rate your level of agreement (*strongly disagree, disagree, agree, or strongly agree*) with the following statements about the quality of this event.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| I intend to use or apply information gained from this event in my professional work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The teaching methods were effective. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The presenter(s) was knowledgeable about the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My cultural background, traditions, and identities were respected in this space. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The event balanced audiovisual presentation with opportunities for questions and discussion. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend future VPTAC events to others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was inspired to do or think about something differently. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The topic(s) was in line with my organization's needs and priorities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This event provided opportunities for interactions with other recipients and peers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. What would you do to improve this event? (Check all that apply.)

- ☐ Provide more/better information before the event
- ☐ Reduce the amount of content covered
- ☐ Improve the instructional methods
- ☐ Offer the event at a more convenient time
- ☐ Include or increase small group/interactive portions
- ☐ Remove or reduce small group/interactive portions
- ☐ Increase the length of the event
- ☐ Decrease the length of the event
- ☐ No improvements needed
- ☐ Other:

7. Overall, how satisfied were you with this event?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

8. How do you intend to use what you’ve learned during this event? Examples include enhancing your organization’s programming, informing training efforts, and informing policy change.

9. Please share any additional questions this group event raised for you (or that you brought with you) that you were not able to ask during the event.

10. How helpful would it be for CDC to develop a resource/tool from today’s group event to access on VetoViolence?

- ☐ Not at all helpful
- ☐ Not very helpful
- ☐ Somewhat helpful
- ☐ Very helpful

11. What other topics for group learning events would you like to see offered, including topics that you heard about today that you want to hear more about?

