We need your feedback. Please select the response that best reflects your view. Your responses are completely confidential.

<table>
<thead>
<tr>
<th>T/TA Topic</th>
<th>Location (City, State)</th>
<th>Site</th>
<th>Date(s)</th>
<th>Trainer(s)</th>
<th>Internal #</th>
<th>TATIS #</th>
</tr>
</thead>
</table>

1. Please rate:
   - The interrelatedness of the concepts, methods and tools presented.
   - Immediate usefulness of the information to your job responsibilities and/or role.
   - Relationship of the information presented to the stated objectives.
   - Technical assistance overall

2. Please rate Consultant #1 (enter name):
   - Knowledge of the technical assistance content/topic
   - Respect for the experiences and knowledge of participants
   - Ability to relate to the group
   - Training skills
   - Overall effectiveness

3. Please rate Consultant #2 (enter name):
   - Knowledge of the training content/topic
   - Respect for the experiences and knowledge of participants
   - Ability to relate to the group
   - Training skills
   - Overall effectiveness

4. Please rate:
   - Quality and relevance of materials used.

5. As a result of this training activity, I
   - Strongly Agree
   - Agree
   - Neither Agree or Disagree
   - Disagree
   - Strongly Disagree
   - Have gained new or enhanced knowledge of evidence
   - Have gained new or enhanced skills
   - Am more knowledgeable of evidence-based practices and how to use them to overcome barriers to permanency
   - Can implement the skills, methods and techniques presented.

6. Regarding this training activity:
   - Definitely
   - Somewhat
   - No
   - N/A
   - I am receptive to learning about new strategies
   - I am receptive to the implementation of new strategies provided
   - My organization has resources (personnel and budgetary) to implement the strategies provided
   - Individuals at the administrative and policy-maker level support implementation of the strategies provided
   - We have completed or have the capacity to develop viable plans for implementation of the strategies
   - Management was involved in this training activity

7. Comments

8. Please list two things you found most helpful or useful.

Developed by Public Research and Evaluation Services for the National Resource Center for Adoption, A Service of the Children’s Bureau, 8/26/09.
9. Please list two things that would improve this or future sessions. ______________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

10. How did you hear about the training activity?  □ Agency sponsored  □ NRC mailing
    □ Spaulding web site  □ National Resource Center for Adoption web site  □ Conference materials
    □ Other (please specify): _______________________________________________

11. What is your current primary role? (Check one): □ Child Welfare  □ Direct Service Provider  □ Supervisor
    □ Administrator  □ Trainer  □ Other (please specify): ___________________________
    (For those who chose Child Welfare above, please indicate your other area of responsibility in #12a and 12b below.)

12. Please pick your area of responsibility (Check one):  □ Foster Care  □ Licensing  □ Adoption  □ Post Placement
    □ Other (please specify): _______________________________________________________

13. Other roles (Check one): □ Teacher □ Judge □ Attorney □ Legal Staff □ Mental Health Provider
    □ Parent: ( □ Birth  □ Foster  □ Adoptive  □ Kinship)

14. Total years of experience in your current role _________

15. Years of experience in child welfare ________

16. What is your age range:  □ 21-30  □ 31-40  □ 41-50  □ 51-60  □ 61+

17. Gender:  □ Male  □ Female

18. Ethnicity:  □ Hispanic  □ Non-Hispanic

19. Race:
    □ American Indian/Alaskan Native  □ Pacific Islander
    □ African American  □ White
    □ Asian  □ Some Other Race (specify): ___________________________
    □ Black  □ Two or more races (specify): _________________________
    □ Native Hawaiian  □ Other (specify): _____________________________

20. Highest Education Level Completed:
    □ Less than High School  □ Graduate School
    □ High School  □ Vocational/Technical College
    □ Two-year Community College  □ Apprenticeship Program
    □ Four-year College/University  □ A Trade School

21. Is your system:  □ State administered  □ County administered

21. Organization Affiliation:
    □ Public Child Welfare Agency  □ Other Private Agency
    □ Private Child Welfare Agency  □ School
    □ Other Public Agency  □ Other (please specify) _______________________________

22. Organization Geographic Location (state): _____________________________________________

If you are interested in participating in follow-up evaluation activities for the National Child Welfare Resource Center for Adoption, please provide your:

(Please print)
Name ________________________________
Address __________________________________________________________
Phone Number ___________________________ E-mail __________________________

Thank you.