

TRAINING REFLECTION FEEDBACK FORM – MEPA

National Resource Center for Adoption

“A Service of the Children’s Bureau & Member of the T/TA Network”

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

T/TA Topic
Site
Trainer(s)
Internal #

Location (City, State)
Date(s)

TATIS #

1. Please rate:	Excellent	Good	Fair	Poor
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):	Excellent	Good	Fair	Poor
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):	Excellent	Good	Fair	Poor
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:	Excellent	Good	Fair	Poor
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. _____

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): Intake Child Abuse/Neglect Investigation
 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.