

**Addiction Technology Transfer Center (ATTC) Network
 Follow-Up Form for Training**

Participants – Please Write Your Unique Personal Code Here as Follows:			
First Letter of Mother’s First Name:		First Letter of Mother’s Maiden Name:	
First Digit of Social Security Number:		Last Digit of Social Security Number:	
Office Use Only - ATTC Event Code:			

Please check here () if you have received a hard copy of this survey in the mail in error, (i.e., you did not attend the training listed above) and return the uncompleted survey in the enclosed postage-paid envelope.

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with the quality of the instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How satisfied are you with the quality of the training materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, how satisfied are you with your training experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training was relevant to substance abuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The material presented in this class has been useful to me in dealing with substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The training enhanced my skills in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The training was relevant to my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The training has enabled me to serve my clients better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. This training was relevant to substance abuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would recommend this training to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I would take additional training from CSAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have adequate knowledge in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I possess the skills required in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am currently effective when working in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Useful	Useful	Neutral	Useless	Not Applicable
16. How useful was the information you received during the training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you share any of the information from this training with others?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Did you share any of the materials from this training with others?				<input type="checkbox"/>	<input type="checkbox"/>
19. Have you applied any of what you learned in the training to your work?				<input type="checkbox"/>	<input type="checkbox"/>
20. Which of the following have been barriers to applying the information/skills learned in this training to your current job? (Check all that apply)					
<input type="checkbox"/> Colleagues <input type="checkbox"/> Client needs <input type="checkbox"/> Time <input type="checkbox"/> Financial resources <input type="checkbox"/> Supervisor				<input type="checkbox"/> Staff resources <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Need for additional training <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> No barriers	

What about the training was most useful in supporting your work responsibilities?

How can the ATTC Network improve its training?

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First Letter of Mother’s Maiden Name:	<input type="text"/>
First Digit of Social Security Number:	<input type="text"/>
Last Digit of Social Security Number:	<input type="text"/>

Thank you for completing our survey.

Return your survey in the enclosed reply envelope if you received a hard copy of this survey.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for completing this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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. The control number for this project is 0930-0216.