

## SAPST: Day 4 and Overall Evaluation

**Wilder use only.**

Survey ID: \_\_\_\_\_

Training ID: \_\_\_\_\_

Date: \_\_\_\_\_

Today's date: \_\_\_\_\_

We are requesting your feedback regarding today's training as well as the SAPS Training overall. Please complete the following survey. Your responses will be used to improve future SAPS Trainings. All individual responses will be kept confidential.

### Today's Training

1. How much do you agree or disagree with the following statements?

|   | Strongly agree                        | Agree                                 | Disagree                              | Strongly disagree                     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I learned something new from the training today.             | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| b. The information presented today applies to my work.          | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| c. I have received sufficient training to apply what I learned. | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| d. There were enough opportunities to ask questions.            | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| e. The written material contained helpful information.          | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |

2. From today's presentation, how much did you learn about each of the following?

|   | A great deal                          | Some                                  | A little                              | None                                  |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. The three keys of sustainability that are integrated in the SPF                      | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| b. The key tasks of intervention implementation   | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| c. How to balance adaptation with fidelity when changing a program, policy, or practice | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| d. The different types of evaluation  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| e. How to report evaluation results   | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |

3. What part of today's training did you find most helpful?

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4. How can we improve today's portion of the SAPS Training?

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## SAPST Training Overall

We would also like to get your feedback about the training overall.

5. How much do you agree or disagree with the following statements?

|   | <b>Strongly agree</b>                 | <b>Agree</b>                          | <b>Disagree</b>                       | <b>Strongly disagree</b>              |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Overall, I am satisfied with this training.  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| b. The information presented was useful.  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| c. The training was well organized.   | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| d. The trainers were knowledgeable.   | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| e. I felt comfortable contributing to the discussion.   | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| f. The location was comfortable (sound level, temperature, etc.).                             | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| g. I would recommend this training to others.   | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |
| h. The presenters communicated information in a manner that was clear and easy to understand. | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> | <input type="checkbox"/> <sup>3</sup> | <input type="checkbox"/> <sup>4</sup> |

6. How much new information or ideas did you receive in the training? (CHECK ONE)

- <sup>1</sup> None    <sup>2</sup> A little    <sup>3</sup> Some    <sup>4</sup> A lot

7. What did you find most helpful about the training overall?

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8. What one or two suggestions do you have to improve the training?

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9. What are some additional topics you wish had been addressed in this training?

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10a. Do you intend to obtain the Certified Prevention Professional (CPP) certification?    <sup>1</sup> Yes    <sup>2</sup> No  
<sup>3</sup> Not sure

10b. Please explain.

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**Thanks for your participation!**