CDCI Training Survey (NOT FOR TA ACTIVITIES) REAL

Topic:
Presenter(s):
Date:

Demographic Information

[] Please check only the box that BEST describes you: *
Please choose only one of the following:
- Individual with a disability
- Family member, guardian, or other authorized to represent an individual with a disability
- Classroom Student
- Professional or Representative in the field of Education
- Professional or Representative in the field of Employment
- Professional or Representative in the field of Health, Allied Health and Rehab
- Professional or Representative in the field of Community Living
- Professional or Representative in the field of Technology
- Legislator or Policymaker
- Member of the general public

[] How many individuals with developmental disabilities receive services or supports from you (if this is applicable)?
Please write your answer here:

[] Please write the name of the COUNTY where you live:
Please write your answer here:
**Quality of Training, Course, or Lecture**

[]Please rate the quality of the training, course, or lecture on a scale of Strongly Disagree to Strongly Agree.

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The objectives of the activity were achieved.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The presentation materials (e.g., media used, examples and handouts) were of high quality.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The presentation materials (e.g., media used, examples and handouts) were accessible.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The activities (e.g., lecture, small group activity, large group discussion, hands-on practice) were effective.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The delivery method (e.g., in person, phone, internet) was appropriate.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There were opportunities for active participation from participants.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Usefulness of Training, Course, or Lecture (As pertains to your work)

[ ] Please rate the usefulness of the training, course, or lecture on a scale of Strongly Disagree to Strongly Agree.

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>The content and activities were relevant to me.</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that what I learned in this training, course, or lecture will result in changes in my work or community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident that the information gained through this training, course, or lecture will result in better outcomes for individuals with developmental disabilities with whom I work and/or interact.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Level of Satisfaction

[ ] I am satisfied with the training received. *

Please choose only one of the following:

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree

Outcome of Training

[ ] As a result of this training, my knowledge of the topic increased. *

Please choose only one of the following:

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
## Pre/Post Test

**How would you describe your level of knowledge of the training topic?** Please rate your level of knowledge of the topic BEFORE the training and AFTER the training on the following scale: "1" being "none at all" and "4" being "proficient in the topic." *

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>Item Description</th>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>My level of knowledge and understanding of the training topic.</td>
<td>€</td>
<td>€</td>
</tr>
</tbody>
</table>

**How would you describe your skill level in putting the training topic into use?** Please rate your skill level on the topic BEFORE the training and AFTER the training on the following scale: "1" being "none at all" and "4" being "proficient in the topic." *

Please choose the appropriate response for each item:

<table>
<thead>
<tr>
<th>Item Description</th>
<th>BEFORE</th>
<th>AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>My level of skills or preparedness to put the training topic into use.</td>
<td>€</td>
<td>€</td>
</tr>
</tbody>
</table>

## Suggestions

**What was the most beneficial aspect of this training/course/workshop?** *

Please write your answer here:
[ ] What changes do you suggest to improve this training/course/workshop? *

Please write your answer here:

THANK YOU FOR COMPLETING OUR SATISFACTION SURVEY