Training

Survey

**Thank you for sharing your thoughts about our training!**

Your answers are anonymous, and we will use them to improve our work.

The trainer should tell you the CDCI Project and Training Name.

**CDCI Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_**

**What is your job or role? If you have more than one, choose the one that best describes your participation.**

* Adult with a disability [1]
* Youth or young adult with a disability [2]
* Family member/caregiver of a person with a disability [3]
* Student [4]
* Professional or Paraprofessional [5]
* Partner (community/local) [6]
* Partner (state/national) [7]
* Member of the general public [8]
* Legislator or Policymaker (community or local) [9]
* Legislator or Policymaker (state or national) [10]

**\*If you checked "Student" tell us what kind (choose only one):**

* High school student [1]
* Undergraduate student [2]
* Graduate student [3]
* Other [4]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If you checked "Professional or Paraprofessional" tell us your field (choose only one):**

* Assistive Technology [1]
* Community Living [2]
* Education [3]
* Employment [4]
* Health, Allied Health, and Rehabilitation [5]
* Psychology / Psychiatry [6]
* Social Work / Welfare [7]
* Other [8]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What did you think about the training?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Strongly disagree* | *Disagree* | *Agree* | *Strongly agree* |
| I am satisfied with the training received. | 1 | 2 | 3 | 4 |
| As a result of this training, my knowledge of the topic increased. | 1 | 2 | 3 | 4 |

**How would you describe your 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."

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *1 None at all* | *2* | *3* | *4 Proficient* |
| My level of knowledge and understanding of the training topic BEFORE the training. | 1 | 2 | 3 | 4 |
| My level of knowledge and understanding of the training topic AFTER the training. | 1 | 2 | 3 | 4 |

**How would you describe your skill in putting 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."

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *1 None at all* | *2* | *3* | *4 Proficient* |
| My level of skills or preparedness to put the training topic into use BEFORE the training. | 1 | 2 | 3 | 4 |
| My level of skills or preparedness to put the training topic into use AFTER the training. | 1 | 2 | 3 | 4 |

**What else would you like to tell us about the training?**

**Please share anything you want us to keep or anything you think we should change.**

|  |
| --- |
|  |

**Thank you!**