

Building Resiliency in Child Abuse Organizations (1-Day Session)

Participant Feedback

Training Location: _____

Date: _____

Presenters: _____

Please indicate the extent to which you agree or disagree with the following statements.

MODULE 1: The Five Core Elements of Resiliency	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. As a result of this module, I can identify the five core elements of resiliency.	1	2	3	4	5	NA
2. As a result of this module, I can describe at least one component of each element of resiliency.	1	2	3	4	5	NA
3. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE 2: The Organizational Resiliency Model	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
4. As a result of this module, I can describe how the five core elements of resiliency relate to the organizational resiliency model.	1	2	3	4	5	NA
5. As a result of this module, I can describe three ways organizations can implement strategies through the organizational resiliency model.	1	2	3	4	5	NA
6. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE 3: Building Resiliency in Your Organization	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
7. As a result of this module, I can create strategies to build capacity in each core element within my own organization.	1	2	3	4	5	NA
8. As a result of this module, I can discuss ways to implement strategies within my own organization.	1	2	3	4	5	NA
9. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE 4: Identifying Roadblocks	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
10. As a result of this module, I can identify organizational roadblocks to implementing strategies in my organization.	1	2	3	4	5	NA
11. As a result of this module, I can explain how to act as a change agent to overcome resistance in my organization.	1	2	3	4	5	NA
12. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE 5: Action Planning	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
13. As a result of this module, I can identify the specific strategies I will implement.	1	2	3	4	5	NA
14. As a result of this module, I can explain how and when the strategies will be implemented.	1	2	3	4	5	NA
15. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA

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The following questions ask for your thoughts on the modules listed below.

- *Module 1: The Five Core Elements of Resiliency*
- *Module 2: The Organizational Resiliency Model*
- *Module 3: Building Resiliency in Your Organization*
- *Module 4: Identifying Roadblocks*
- *Module 5: Action Planning*

MODULE	1	2	3	4	5
16. Which module was your favorite?	1	2	3	4	5
17. Which module was your least favorite?	1	2	3	4	5
18. Which module did you find most applicable to your job?	1	2	3	4	5
19. Which module most improved your knowledge and skills?	1	2	3	4	5

Please indicate the extent to which you agree or disagree with the following statements.

Presenter 1: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
20. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
21. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
22. The presenter responded well to questions and comments.	1	2	3	4	5	NA
23. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
Presenter 2: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
24. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
25. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
26. The presenter responded well to questions and comments.	1	2	3	4	5	NA
27. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
Overall Session	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
28. The session clearly addressed the learning objectives.	1	2	3	4	5	NA
29. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
30. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
31. The session was well organized and clear.	1	2	3	4	5	NA
32. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
33. The resource materials (handouts, audiovisuals, manual) enhanced the session.	1	2	3	4	5	NA
34. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
35. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA

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Overall Session, continued	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
36. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
37. The session will improve my ability to serve victims.	1	2	3	4	5	NA
38. The session will improve my ability to reach underserved victims.	1	2	3	4	5	NA
39. There was sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
40. The small group activities enhanced my experience.	1	2	3	4	5	NA
41. The session met my goals.	1	2	3	4	5	NA
42. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

43. Do you plan to do any of the following as a result of attending this session? **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Share materials with colleagues | <input type="checkbox"/> Expand <i>types of services</i> offered to victims |
| <input type="checkbox"/> Train colleagues in content/skills learned at the event | <input type="checkbox"/> Expand <i>capacity/frequency</i> of services to victims |
| <input type="checkbox"/> Enact policy changes at my organization | <input type="checkbox"/> Pursue additional professional development |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Network with other participants |
| <input type="checkbox"/> Strengthen evaluation or needs assessment activities | <input type="checkbox"/> Strengthen collaborative relationships with other orgs |
| <input type="checkbox"/> Modify outreach/marketing activities | <input type="checkbox"/> Identify/pursue new funding resources |
| <input type="checkbox"/> Change my management or leadership style | <input type="checkbox"/> Other(s): _____ |
| <input type="checkbox"/> Expand services to <i>new victim populations</i> | |

Please explain in detail your plans for any of these activities:

44. What aspects of the session were most helpful and why?

45. What could have been done differently to create a better session?

46. Do you have any other comments or suggestions?

47. Which of the following **best** describes the organization in which you work? **(Mark all that apply.)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health Services | <input type="checkbox"/> Military |
| <input type="checkbox"/> Criminal Justice Agency | <input type="checkbox"/> Human/Social Services | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Legislation/ Policymaking | |

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48. Which types of victim services do ***you*** provide for crime victims in your current position? (**Mark all that apply.**)

- | | | |
|---|--|--|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Advocacy/Assistance | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Information/Referral | _____ |

49. Which of the following **best** describes the number of years of experience you have in your field of work? (**Mark one.**)

- | | |
|--|---|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 6 to 10 years |
| <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> More than 10 years |

50. Which of the following **best** describes your primary role in your current position? (**Mark all that apply.**)

- | | | |
|---|---|--|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Management/Administrative Staff | <input type="checkbox"/> Volunteer | _____ |

51. Which of the following **best** describes the population you serve? (**Mark all that apply.**)

- | | |
|---|---|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International, list country: | <input type="checkbox"/> Suburban |
| _____ | <input type="checkbox"/> Culturally specific population(s): _____ |