

Building Resiliency in Child Abuse Organizations (4-Hour 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. As a result of this module, I can identify potential roadblocks to implementing specific strategies. | 1 | 2 | 3 | 4 | 5 | NA |
| 10. The learning objectives for this module were clearly stated. | 1 | 2 | 3 | 4 | 5 | NA |
| MODULE 4: Action Planning | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Not Applicable |
| 11. As a result of this module, I can identify one specific strategy I will implement. | 1 | 2 | 3 | 4 | 5 | NA |
| 12. As a result of this module, I can explain how and when the strategy will be implemented | 1 | 2 | 3 | 4 | 5 | NA |
| 13. The learning objectives for this module were clearly stated. | 1 | 2 | 3 | 4 | 5 | NA |

Building Resiliency in Child Abuse Organizations (4-Hour Session)

Participant Feedback

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

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

| MODULE | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| 14. Which module was your favorite? | 1 | 2 | 3 | 4 |
| 15. Which module was your least favorite? | 1 | 2 | 3 | 4 |
| 16. Which module did you find most applicable to your job? | 1 | 2 | 3 | 4 |
| 17. Which module most improved your knowledge and skills? | 1 | 2 | 3 | 4 |

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 |
|---|-------------------|----------|----------------------------|-------|----------------|----------------|
| 18. The presenter demonstrated a comprehensive knowledge of the subject. | 1 | 2 | 3 | 4 | 5 | NA |
| 19. The presenter clearly and logically presented the content. | 1 | 2 | 3 | 4 | 5 | NA |
| 20. The presenter responded well to questions and comments. | 1 | 2 | 3 | 4 | 5 | NA |
| 21. 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 |
| 22. The presenter demonstrated a comprehensive knowledge of the subject. | 1 | 2 | 3 | 4 | 5 | NA |
| 23. The presenter clearly and logically presented the content. | 1 | 2 | 3 | 4 | 5 | NA |
| 24. The presenter responded well to questions and comments. | 1 | 2 | 3 | 4 | 5 | NA |
| 25. 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 |
| 26. The session clearly addressed the learning objectives. | 1 | 2 | 3 | 4 | 5 | NA |
| 27. The session addressed the critical issues related to the topic(s). | 1 | 2 | 3 | 4 | 5 | NA |
| 28. The time allotted was adequate for the scope of material covered. | 1 | 2 | 3 | 4 | 5 | NA |
| 29. The session was well organized and clear. | 1 | 2 | 3 | 4 | 5 | NA |
| 30. The material was appropriate for my level of experience and knowledge. | 1 | 2 | 3 | 4 | 5 | NA |
| 31. The resource materials (handouts, audiovisuals, manual) enhanced the session. | 1 | 2 | 3 | 4 | 5 | NA |
| 32. The session increased my knowledge related to the topic(s). | 1 | 2 | 3 | 4 | 5 | NA |
| 33. The session increased my practical skills related to the topic(s). | 1 | 2 | 3 | 4 | 5 | NA |

Building Resiliency in Child Abuse Organizations (4-Hour Session)

Participant Feedback

| Overall Session, continued | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Not Applicable |
|---|-------------------|----------|----------------------------|-------|----------------|----------------|
| 34. I will be able to apply what I learned in my work. | 1 | 2 | 3 | 4 | 5 | NA |
| 35. The session will improve my ability to serve victims. | 1 | 2 | 3 | 4 | 5 | NA |
| 36. The session will improve my ability to reach underserved victims. | 1 | 2 | 3 | 4 | 5 | NA |
| 37. There was sufficient opportunity to network with others in the field. | 1 | 2 | 3 | 4 | 5 | NA |
| 38. The small group activities enhanced my experience. | 1 | 2 | 3 | 4 | 5 | NA |
| 39. The session met my goals. | 1 | 2 | 3 | 4 | 5 | NA |
| 40. I am satisfied with the overall quality of the session. | 1 | 2 | 3 | 4 | 5 | NA |

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

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

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

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

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

Building Resiliency in Child Abuse Organizations (4-Hour Session)

Participant Feedback

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): _____ |