

*Building Resiliency in Child Abuse Organizations
(Blended Learning Onsite Session)*

Participant Feedback

Training Location: _____

Date: _____

Presenters: _____

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

MODULE 1: The Organizational Resiliency Model	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. As a result of this module, I can review how the five core elements of resiliency are integrated into the organization through policy, supervisory techniques, and competency-based training.	1	2	3	4	5	NA
2. As a result of this module, I can identify an activity for each of the five core elements that organizations can use to create strategies for building resiliency in staff and volunteers.	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 Process for Building Resiliency	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
4. As a result of this module, I can create strategies to build capacity in each core element.	1	2	3	4	5	NA
5. As a result of this module, I can discuss ways to implement strategies.	1	2	3	4	5	NA
6. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
MODULE 3: Navigating the Path to Success	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
7. As a result of this module, I can identify organizational roadblocks to implementing strategies.	1	2	3	4	5	NA
8. As a result of this module, I can explain how to act as a change agent to overcome resistance in the 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: Action Planning	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
10. As a result of this module, I can identify the specific strategies I will implement.	1	2	3	4	5	NA
11. As a result of this module, I can explain how and when the strategies will be implemented.	1	2	3	4	5	NA
12. 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.

- *Introduction*
- *Module 1: The Organizational Resiliency Model*
- *Module 2: The Process for Building Resiliency*
- *Module 3: Navigating the Path to Success*
- *Module 4: Action Planning*

MODULE	Intro	1	2	3	4
13. Which module was your favorite?	1	2	3	4	5
14. Which module was your least favorite?	1	2	3	4	5
15. Which module did you find most applicable to your job?	1	2	3	4	5
16. 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
17. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
18. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
19. The presenter responded well to questions and comments.	1	2	3	4	5	NA
20. 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
21. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
22. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
23. The presenter responded well to questions and comments.	1	2	3	4	5	NA
24. 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
25. The session clearly addressed the learning objectives.	1	2	3	4	5	NA
26. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
27. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
28. The session was well organized and clear.	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
29. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
30. The resource materials (handouts, audiovisuals, manual) enhanced the session.	1	2	3	4	5	NA
31. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
32. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
33. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
34. The session will improve my ability to serve victims.	1	2	3	4	5	NA
35. The session will improve my ability to reach underserved victims.	1	2	3	4	5	NA
36. There was sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
37. The small group activities enhanced my experience.	1	2	3	4	5	NA
38. The session met my goals.	1	2	3	4	5	NA
39. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

40. 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:

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

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

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43. Do you have any other comments or suggestions?

44. 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 | _____ |

45. 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
Advocacy/Assistance | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention | | _____ |

46. 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 |

47. 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 | _____ |

48. 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): _____ |

Thank you for taking the time to complete this form