

## Working with Families Experiencing Domestic Violence

Your thoughtful responses to this survey will help us identify training materials and techniques that work well and those that need refinement. We appreciate your feedback! At the end of the survey we ask you to create an "ID Code" using the last four digits of your Social Security number and the first two letters of your last name. Please be assured that **we have no interest in identifying you and your particular responses**. The reason for the ID Code is that you will be asked to complete a future survey, and we want to be able to link this one with that one. All surveys will be analyzed and reported as a body of information. Analysis is being done at the University of Kansas School of Social Welfare, and they do not have a list of names that could be linked to this survey in any way.

### I. Please check your top two reasons for attending this training.

- |  |   |
|--|---|
| <input type="checkbox"/> It was required.                          | <input type="checkbox"/> I heard it was interesting/fun.      |
| <input type="checkbox"/> I want to improve in this area.           | <input type="checkbox"/> It gets me out of the office.        |
| <input type="checkbox"/> For professional networking               | <input type="checkbox"/> For continuing education units/hours |
| <input type="checkbox"/> I recently had a change in duties/clients | <input type="checkbox"/> Other (Please specify) _____         |

### II. For each statement, please circle the one number that best describes your opinion.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I was satisfied with the content of training.	1	2	3	4
2. This training will be valuable in my job.	1	2	3	4
3. The trainer was well prepared and organized.	1	2	3	4
4. The trainer gave me enough opportunities to practice applying new skills and knowledge.	1	2	3	4
5. The quality of handouts was good.	1	2	3	4
6. The training methods hindered my learning.	1	2	3	4
7. The trainer was likable.	1	2	3	4
8. The learning objectives for the training session were clearly explained.	1	2	3	4
9. I liked the lecture/presentation.	1	2	3	4
10. The subject matter was at the right level of difficulty.	1	2	3	4
11. The trainer motivated me to want to try out the training materials.	1	2	3	4
12. I had the knowledge and skills when I began this course.	1	2	3	4
13. The trainer provided enough explanations and examples.	1	2	3	4
14. My level of engagement during the training was high.	1	2	3	4
15. I believe I will have difficulty implementing the concepts I learned at this training.	1	2	3	4
16. The trainer modeled cultural sensitivity	1	2	3	4
17. I am satisfied with my current job.	1	2	3	4

**III. On each of the items below, how much more do you know after the training?**

	No More	A Little More	Some- what More	A Lot More
1. The nature of domestic violence including the tensions between the fields of domestic violence and child welfare.	1	2	3	4
2. Assess for domestic violence and offer appropriate & sensitive interventions to the entire family (children, victims, batterers).	1	2	3	4
3. Use family-centered tools, including safety plans, to help family members remain safe and free from abuse.	1	2	3	4
4. Develop strategies for collaborating with community agencies and the criminal justice system.	1	2	3	4

**IV. Your specific and constructive feedback will help further develop our training program.**

1. What was the best thing in this training to facilitate your learning?

2. What specific thing could have been done to facilitate your learning better?

**V. Participant Demographics**

- What is the highest education degree you have earned?  
 High School                       Graduate  
 College                                 Other (specify: \_\_\_\_\_)
- Did you receive a Title IVE stipend while in school? \_\_\_Yes \_\_\_No If yes, which University did you attend? \_\_\_\_\_
- In which SRS region do you work? \_\_\_\_\_
- What is your current job/role? \_\_\_\_\_
- How long have you been in your current job/role? \_\_\_\_\_ years            \_\_\_\_\_ months.
- How long have you worked with children and families in some capacity? \_\_\_\_\_ years            \_\_\_\_\_ months.
- With which type of agency are you associated? \_\_\_\_\_ Private            \_\_\_\_\_ State
- What else should we know about this training session? (write below)

**ID Code:**     --

(Please enter last 4 digits of Social Security Number, then the first two letters of your last name)