

National Center for
Family ♥ **Professional Partnerships**

Serving on Groups Training
Trainer's Evaluation Instructions

Contents

Introduction	3
In-person trainings	
<i>Before the Training</i>	3
1. Scheduling.....	3
2. Print and bring the following documents	3
<i>On each day of the training</i>	4
1. Before start of training.....	4
2. After each module	4
Post-Module Survey Script	4
3. At the end of each day	4
Online trainings	
<i>Before the training</i>	5
1. Scheduling.....	5
2. Link to survey.....	5
If some of the trainings are online and some are in person	
<i>After all the trainings are complete</i>	6
1. Fill out the attendance list template.....	6
2. Data entry	6
Example: Registration Forms	7
Example: Post-Module Surveys	8
Example: Fidelity Checklist.....	10

INTRODUCTION

Thanks for participating in this evaluation of Serving on Groups! Your participation is very important so that we can learn how to make these trainings better and so that we can show that your hard work is having an impact.

If you have any questions about the following steps or generally about how to conduct the evaluation of your session, please contact Carrie Fisher at cffisher@communityhealth.org or by phone at 781-338-0394.

IN PERSON TRAININGS

Before the Training

1. SCHEDULING:

- Please notify Family Voices when a training is scheduled so that we can ensure proper data is collected and provide assistance as needed. Soon you will be sent a web form to provide this information, but if you schedule a training before this is available, please inform Ashley Richey (arichey@familyvoices.org) of the date(s) of your training.

After you complete the Train-the-Trainer session for Serving on Groups, you will receive an email invitation to view documents in Dropbox. You will find most of the documents below in Dropbox. Contact Ashley Richey (arichey@familyvoices.org) if you do not receive an invitation to Dropbox.

2. PRINT AND BRING THE FOLLOWING DOCUMENTS:

- **Your Organization's pre-registration list (1 copy):** If your organization has collected registration information for your training, print out this list. This list is not something provided by Family Voices – it comes from your organization.
- **Registration forms (1 copy for each participant, plus extras):** You will ask participants to fill out a copy of this sheet when they arrive at the training, and return it to you immediately. After the training, you will enter their information into the webform.
- **Fidelity Checklist (1 copy):** The trainer will fill this form out immediately after finishing each module of the training.
- **Post Module Surveys (1 copy for each participant, plus extras):** These are the short surveys that participants will complete after each module of the training.
- **9x12" Envelope (1):** At the end of each module, leave the envelope somewhere visible and inform the participants of its location. After the participants have completed the mini survey, they will place it in this envelope. When it looks like all the participants are done with the mini survey, please make sure that no one is still completing it. If not, you can proceed to seal the envelope and return it to your organization.

On each day of the training

1. BEFORE START OF TRAINING

- Ask all attendees to fill out a **Registration Form**.
- Collect the completed **Registration Forms**.

2. AFTER EACH MODULE

- Distribute the **Post-Module Survey**, and ask participants to complete it. (See script below).
- Provide an envelope where participants may place their **Post Module Surveys** when done.

Post-Module Survey Script

When you're passing out the **Post Module Surveys**, you can read the following script:

"You are being asked to complete the following survey to help us improve this training and make it more useful for participants like you in the future. Your answers will also help us be able to show whether these trainings make a difference. Your answers are very important to us! Please take the time to fill out the questions as honestly as you can, and let me or another staff member know if you have any questions. PLEASE INCLUDE YOUR EMAIL ADDRESS! This will allow us to match up your responses and make it possible for us to show change over time.

The evaluation team from the Institute for Community Health will analyze your responses and will provide recommendations on how this training can be improved. You are asked to write down your name and e-mail address so that ICH can follow up with you and ask you further questions about your experience with the Serving on Groups Training. We will also follow up with you in a year to ask you about your experiences applying what you've learned in this training.

Thank you very much for your help!"

3. AT THE END OF EACH DAY

- Complete the parts of the **Fidelity Checklist** that match the modules you covered (as soon as possible after the training ends).
- Cross any names off your pre-registration list of people who did not attend the session.
- Match up completed documents: Match up all the **Post-Module Surveys** with the names on the pre-registration list and the **Registration Forms**. Make sure that names and email addresses all match. If people have used different email addresses or different forms of their names on different forms, change them so they are all the same.

ONLINE TRAININGS

Before the Training

1. SCHEDULING:

- Please notify Family Voices when a training is scheduled so that we can ensure proper data is collected and provide assistance as needed. Please inform Ashley Richey (arichey@familyvoices.org) of the date(s) of your training.

2. LINK TO SURVEY

- At the beginning of the training, please provide participants with this link:
<https://redcap-cha.org/redcap/surveys/?s=vHJqHkhrDU>

This will bring them first to an introductory page, next to the **Registration Form**, and finally to a list of the **Post-Module Surveys**. At the end of each module, instruct participants to return to their list and complete the relevant survey.

IF SOME OF THE TRAININGS ARE ONLINE AND SOME ARE IN PERSON

- At your in-person trainings, please provide paper versions of all applicable surveys and enter them into the webform as described below.
- At your online trainings, please provide participants with the same link as above:
<https://redcap-cha.org/redcap/surveys/?s=vHJqHkhrDU>
- Please ask participants to complete the surveys that apply to the modules they do online.

AFTER ALL THE TRAININGS ARE COMPLETE

1. FILL OUT THE ATTENDANCE LIST TEMPLATE

On this list, please use one line for each participant. Make marks to indicate which dates they attended the trainings.

2. DATA ENTRY

Enter the following data into the REDCap forms:

- Attendance lists (either upload an excel document or enter individual names)
Data entry link: <https://redcap-cha.org/redcap/surveys/?s=JpRiKNGM7H>
- Post-Module Surveys (each set of surveys from an individual is treated as one survey in the data entry forms.)
Data entry link: <https://redcap-cha.org/redcap/surveys/?s=vHJqHkhrDU>
- Fidelity Checklist
Data entry link: <https://redcap-cha.org/redcap/surveys/?s=3ENA8TH7D8>

EXAMPLE: REGISTRATION FORMS

Serving on Group Training - Registration Questionnaire

First and last name(s): _____ Phone #: _____

E-mail _____

Please note that, while the responses to race, ethnicity, and primary language are indicated as “optional,” we are required to collect and report on this data to demonstrate that we are serving the diverse populations that exist within the United States. We ask you to please respond to these questions if you are comfortable doing so.

What is your primary language? (optional) English Spanish Other _____

How do you identify your ethnicity / race? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Some other race/ethnicity: _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Prefer not to answer |

What is the best way to contact you?

- Phone
 E-mail
 Text
 Other: _____

Serving on Group Training - Registration Questionnaire

First and last name(s): _____ Phone #: _____

E-mail _____

Please note that, while the responses to race, ethnicity, and primary language are indicated as “optional,” we are required to collect and report on this data to demonstrate that we are serving the diverse populations that exist within the United States. We ask you to please respond to these questions if you are comfortable doing so.

What is your primary language? (optional) English Spanish Other _____

How do you identify your ethnicity / race? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Some other race/ethnicity: _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Prefer not to answer |

What is the best way to contact you?

- Phone
 E-mail
 Text
 Other: _____

EXAMPLE: POST-MODULE SURVEYS

Family Voices Serving on Groups Evaluation Survey Module 1

Name: _____

E-mail address: _____

Instructor name: _____ Date: _____

Please take the time to honestly answer the following questions. Your answers will help us understand what works and what we can improve to help more families make a difference by serving on decision-making groups. Your responses are very important to us.

We are asking for your name and e-mail address so that we can do a follow-up survey to understand changes over time. Your e-mail address will not be shared or used for any other purpose. Please let your instructor know if you have any questions or concerns. Thank you for your participation!

The following statements ask you to compare how you feel NOW, after you've taken the training, with BEFORE you took the training. Please mark one box per row.

Module 1: Opportunities to Get Involved					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1a. Now, after the training , I understand how my <u>personal skills and experiences</u> can support my membership in a decision-making group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Before the training , I understood how my <u>personal skills and experiences</u> can support my membership in a decision-making group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Now, after the training , I clearly understand the benefits of family engagement in the decision making process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Before the training , I clearly understood the benefits of family engagement in the decision making process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your level of agreement with the following statements about today's training.

Please mark one box per row

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The training topic was covered in sufficient detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The training allowed sufficient time for questions and answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The instructor had high-quality presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The instructor was highly knowledgeable about the topic covered today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please share any comments about the training or suggestions for improvement here:

EXAMPLE: [FIDELITY CHECKLIST](#)

Training date
Training location
Facilitator

INTRODUCTION TO SERVING ON GROUPS		
Topic Covered/Activities	The topic was:	Comments or Notes
Expert Unite Activity	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Discussion on leadership	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Discussion on Family Involvement	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
6 types of family engagement	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Parental involvement in decision making	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Discussion of participants' experiences	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Serving on Groups - background	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Guidebook - background	<input type="checkbox"/> Thoroughly Covered <input type="checkbox"/> Partially Covered <input type="checkbox"/> Not Covered	
Resources		