

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"/> |

3. **Today**, do you serve on a health advisory or decision-making team such as a Title V or Medicaid advisory group, a quality improvement initiatives, a COIN, etc?

- Yes
- No

4. If you do serve on a health advisory or decision-making team, which of the following best describes **your participation** on that team? *(please check one)*

| | |
|--------------------------|---|
| <input type="checkbox"/> | I regularly serve in meaningful <u>leadership roles</u> |
| <input type="checkbox"/> | I <u>regularly participate</u> in group discussions, but do not regularly serve in leadership roles |
| <input type="checkbox"/> | I <u>sometimes participate</u> in group discussions |
| <input type="checkbox"/> | I <u>never participate</u> in group discussions |
| <input type="checkbox"/> | N/A – I <u>do not currently serve</u> on a team |

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 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. The training topic was covered in sufficient detail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The training allowed sufficient time for questions and answers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The instructor had high-quality presentation skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 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"/> |

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