

## Crisis Counseling Assistance and Training Program (CCP)

### Training Feedback Form for Participants

CCP Name/Disaster Number: \_\_\_\_\_

Name of Trainer(s): \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

1. The goals and objectives of the training were clearly stated.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

2. The training content, handouts, and activities were effective in meeting the stated objectives.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

3. The content of the training module was well-organized.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

4. The information was clearly presented.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

5. The trainer demonstrated thorough knowledge of the subject matter.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

6. The trainer facilitated the session effectively (e.g., exercises were appropriate and well-executed, and the training was on schedule).

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

7. The length of the training was appropriate for the amount of material covered.

STRONGLY DISAGREE   1   2   3   4   5   STRONGLY AGREE

8. The training environment was physically comfortable (e.g., temperature, room size, setup).

STRONGLY DISAGREE    1       2       3       4       5    STRONGLY AGREE

9. What elements of this training session will most assist you in effectively performing your job duties?

10. How do you think the module content or the training session could be improved?

Thank you for your valued feedback. Please return this form to your trainer. Copies will be sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) at:

**SAMHSA DTAC**  
1-800-308-3515  
[dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov)