



**LifeSkills Training Program
Technical Assistance (TA) Workshop Feedback Report
Trainees**

Date: _____

Site: _____

TA Provider _____

Length of TA Meeting (hrs): _____

1. List the needs and/or challenges, if any, that prompted this TA workshop.

2. Did you find this Technical Assistance (TA) meeting to be helpful? ____ No ____ Yes

What were the most helpful aspects of this TA meeting?

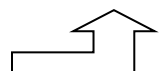
What were the least helpful aspects of this TA meeting?

3. Did the LST Trainer who conducted this TA seem to understand the issues at your site?
____ No ____ Yes

Was s/he able to help address these issues? ____ No ____ Yes

Please explain.

Please complete items on other side



4. The length of the TA workshop was:

- 1=Too Short 2=About Right 3=Too Long

5. Do you feel follow-up activities are needed at this time? _____No _____ Yes
If so, please describe.

6. Are there other areas of technical assistance that might benefit you or your site?

7. Please share any other thoughts, comments or suggestions about this TA meeting.

Please return all workshop evaluations to your CSPV Project Manager:

[Name, Address, Phone, Email, Fax]