LifeSkills Training Program
Technical Assistance Feedback Report
Trainer

Date: _____   **Site:** _____

TA Provider: _____   **Length of TA Meeting (hrs):** _____

Type of TA:

_____ **Telephone**   _____ **E-mail**   _____ **Site visit**

1. If not an in-person TA with a sign-in sheet, list the names of the people with whom you communicated.

2. Provide a brief description of the problem or need as you perceived it.

3. Summarize the TA topics you addressed with the site.

What were the most valuable aspects of the session?

What were the least valuable aspects of the session?

4. Describe the site's response to the TA.

Please complete items on other side

5. To what extent do you think the site can now successfully address the issue(s) for which the TA was needed?

   Do you recommend follow-up activities at this time? If so, please describe.

6. What problems, if any, were encountered in delivering the TA and how did you resolve them?

7. Did you identify any other areas of technical assistance that might benefit this site?

8. Please add any other thoughts, comments, or suggestions about this TA event, especially any that will help improve the process in the future.

Please return all workshop evaluations to your CSPV Project Manager:

[Name, Address, Phone, Email, Fax]