

**SPNS Program Cooperative Agreement Evaluation
Module 6: Technical Assistance Evaluation Form
National Evaluation by The Measurement Group**

Site <input style="width: 40px; height: 20px;" type="text"/>	Sub-Provider <input style="width: 40px; height: 20px;" type="text"/>	Technical Assistance Date <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <small>Month Day Year</small>	Hour <input style="width: 30px; height: 20px;" type="text"/> <input type="radio"/> am <input type="radio"/> pm	Length In Minutes <input style="width: 40px; height: 20px;" type="text"/>
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INSTRUCTIONS: For the items below, please rate the technical assistance provided by the person named to the right:	Staff Code <input style="width: 40px; height: 20px;" type="text"/>	Name of Staff <input style="width: 100%; height: 20px;" type="text"/>
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1. How would you rate your level of knowledge about this topic before technical assistance was provided?
 Novice/Beginner Slightly Knowledgeable Somewhat Knowledgeable Very Knowledgeable Expert

2. How would you rate the quality of the technical assistance (e.g., clarity of presentation, content of material)?
 Poor Fair Good Very Good Excellent

3. How would you rate the usefulness of the technical assistance for your work?
 Poor Fair Good Very Good Excellent

4. How would you rate the scope and depth of the technical assistance?
 Much Too Complex Too Complex About Right Too Simple Much Too Simple

5. Was the technical assistance worth your time and effort?
 No Not Sure Yes

6. Would you recommend a similar type of technical assistance to a peer?
 No Not Sure Yes

7. Comments and suggestions for additional technical assistance: