



## Crisis Counseling Assistance and Training Program Training Feedback Form for Trainers and Leadership

Training Session \_\_\_\_\_ Location and Date \_\_\_\_\_

1. The content of this training module included all of the elements necessary for participants to adequately understand and deliver Crisis Counseling Assistance and Training Program (CCP) services.

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

2. The supporting materials, including slides, handouts, and instructor's notes, facilitated effective delivery of module content.

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

3. The content of the training module was thorough and well organized.

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

4. The material was adequately covered in the time allowed.

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

5. The *Exercises and Trainer's Tips* booklet contained activities that effectively facilitated learning.

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

6. The overall training session was well received by the participants.

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

Please turn this page over to complete the feedback.

7. What elements of this training session were **most** effective in facilitating learning?

8. What, if anything, would you change to improve the content or organization of the training materials?

Thank you for your valued feedback. Please return this form and all the participant evaluations to the State CCP director. Remember to inform the State CCP director to send copies of all forms to the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) at the following address:

SAMHSA DTAC  
4350 East West Highway  
Suite 1100  
Bethesda, MD 20814  
1-800-308-3515



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
[www.samhsa.gov](http://www.samhsa.gov)



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