



Idaho Training Clearinghouse

# **Idaho Training Clearinghouse**

## **Annual Training Evaluation Report for April Staff Meeting**

**2004**

**Prepared by:  
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## **Acknowledgements**

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## Table of Contents

<b>Overview of Major Goals and Functions</b> .....	1
<b>Focus of Report</b> .....	2
<b>Data Representation in Report</b> .....	3-5
<b>Demographics of Respondents</b> .....	6
<b>Access/Use of ITC Website</b> .....	7
<b>Future Training Needs</b> .....	8
<b>ALTERNATE ASSESSMENT</b>	
Training Evaluation Summaries Analysis .....	9
Follow-up Email Evaluations Analysis .....	10
<b>AUGMENTATIVE COMMUNICATION</b>	
*Follow-up Email Evaluations Analysis (only) .....	11
<b>BEHAVIOR INTERVENTION PLANS</b>	
**Training Evaluation Summaries Analysis (only) .....	12
<b>BEYOND COERCION (CONFLICT)</b>	
Training Evaluation Summaries Analysis .....	13
Follow-up Email Evaluations Analysis .....	14
<b>DIBELS</b>	
Training Evaluation Summaries Analysis .....	15
Follow-up Email Evaluations Analysis .....	16
<b>EARLY CHILDHOOD TRANSITION</b>	
Training Evaluation Summaries Analysis .....	17
Follow-up Email Evaluations Analysis .....	18
<b>INDIVIDUALIZED EDUCATION PLANS</b>	
Training Evaluation Summaries Analysis .....	19
Follow-up Email Evaluations Analysis .....	20
<b>MEDICAID: SCHOOL-BASED SERVICES</b>	
Training Evaluation Summaries Analysis .....	21
Follow-up Email Evaluations Analysis .....	22
<b>MONITORING &amp; SELF-ASSESSMENT</b>	
Training Evaluation Summaries Analysis .....	23
Follow-up Email Evaluations Analysis .....	24

**Table of Contents, cont.**

<b>NEW TEACHER ORIENTATION</b>	
*Follow-up Email Evaluations Analysis (only) .....	25
<b>PLOP</b>	
Training Evaluation Summaries Analysis .....	26
Follow-up Email Evaluations Analysis .....	27
<b>POSSE</b>	
Training Evaluation Summaries Analysis .....	28
Follow-up Email Evaluations Analysis .....	29
<b>READING ACADEMY</b>	
Training Evaluation Summaries Analysis .....	30
Follow-up Email Evaluations Analysis .....	31
<b>RESULTS BASED MODEL</b>	
Training Evaluation Summaries Analysis .....	32-33
Follow-up Email Evaluations Analysis .....	34
<b>SECONDARY TRANSITION</b>	
**Training Evaluation Summaries Analysis (only) .....	35
<b>STANDARDS</b>	
*Follow-up Email Evaluations Analysis (only) .....	36

\*No Training Evaluation Summaries Analysis conducted due to less than two summaries received.

\*\*No Follow-up Email Evaluation Analysis conducted due to less than three responses received or no follow-up emails were sent (given cut-off date).

## Overview of Major Goals and Functions

The Idaho Training Clearinghouse (ITC) was created as part of the State Improvement Grant through the Idaho State Department of Education, Bureau of Special Education to link special educators and parents of students with disabilities with training opportunities across multiple agencies and parent groups. The ITC website was developed in collaboration with the Center on Disabilities and Human Development at the University of Idaho and Idaho Parents Unlimited, Inc. (Parent Training and Information Center). The ITC website is also compliant with current accessibility standards and recommendations in Section 508 of the Rehabilitation Act.

The ITC has been developed with three primary goals in mind: (1) to inform stakeholders of training opportunities across the state and expedite electronic registration; (2) to gather evaluative feedback on the usefulness and impact of trainings to inform future planning for inservice delivery (continuous needs assessment); (3) to gather a continuous training needs assessment; and (4) to support distance education by creating online tools (e.g., chat room) to foster learning communities of trainers and participants across the state. The functions of each goal are described in more detail below.

(1) Utilizing the ITC training calendar all users and stakeholders can search for trainings by topic, location and dates; download training brochures; and register for trainings by email. Users of the site can also access “quick reference materials” (one page abstracts of pertinent information and additional resources written by state subject matter experts) across various topics such as assistive technology, dyslexia, and transition.

(2) The ITC has developed an evaluation process to gather both short-term and long-term qualitative and quantitative data on the impact of inservice trainings. First, at the conclusion of training events, participants complete standardized evaluation forms assessing satisfaction with the content and delivery of the training. A follow-up email evaluation form is then sent to participants six weeks after the training to assess how participants have implemented new ideas, what barriers they have encountered, and what they see as additional training needs.

(3) Consistent with number two above, through the short-term and long-term training evaluation processes, the ITC gathered a continuous training needs assessment. Such data is used to guide the selection of statewide training topics for the upcoming year.

(4) Online communities of learners facilitate learning before and after trainings and are particularly helpful in bridging the training distance for those in rural areas. All users of the ITC website have access to the Training Community which includes chat rooms, discussion forums (bulletin boards), file library for downloading files posted by trainers. Trainers can use the features of the Training Community prior to trainings, for example, to distribute handouts, post articles for reading, gather participants’ questions, and after trainings to distribute information to those who could not attend the training and/or facilitate knowledge acquisition and support implementation of training materials through chat rooms and bulletin boards (forums).

## Focus of Report

The 2004 annual training evaluation report encompasses the compilation and analysis of two sets of data: (1) training evaluation summaries completed by participants at the end of training, summarized by the state regional special education offices and submitted to the ITC, and (2) follow-up email evaluations submitted online by participants six weeks post training. These two data sets have been separated and grouped by training titles for summary and analysis. In addition, a qualitative analysis of future training needs expressed across all trainings has been conducted and included.

The report provides a quantitative summary and qualitative analysis of all training evaluation data conducted as of February 26, 2004 and received in the ITC office by March 1, 2004. The intent of the report is to provide Idaho's State Department of Education, Bureau of Special Education a combined summary and analysis of all training evaluation data so the Bureau can make informed decisions on trainings to offer in the future.

The following pages provide a listing and pie graphs of the training summaries and sign-in sheets that were sent to the Idaho Training Clearinghouse and, thus, used in the summary and analysis of this report. Regarding follow-up email evaluations, based on sign-in sheets received, a total of **2,297 emails were sent** and **492 responses** were received, resulting in an overall **21.42% response rate**.

As mentioned above, the evaluation data has been grouped into the following training titles. As noted in the table of contents, some trainings have no Training Evaluation Summaries Analysis due to less than two summaries received or no Follow-up Email Evaluation Analysis due to less than three responses received or no follow-up emails were sent (given cut-off date).

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| 1. Alternate Assessment            | 9. Monitoring and Self-Assessment |
| 2. Augmentative Communication      | 10. New Teacher Orientation       |
| 3. Behavioral Intervention Plans   | 11. PLOP                          |
| 4. Beyond Coercion (Conflict)      | 12. POSSE                         |
| 5. DIBELS                          | 13. Reading Academy               |
| 6. Early Childhood Transition      | 14. Results Based Model           |
| 7. Individualized Education Plan   | 15. Secondary Transition          |
| 8. Medicaid: School-Based Services | 16. Standards                     |

Throughout the qualitative analysis for the training evaluation summaries on the above training groups, there are times when the number of overall respondents may be more or less than the frequencies associated with emerging categories. This is a result of some respondents' comments either covering more than one category or not assigning to a common category of analysis.

## Idaho Training Clearinghouse: 2004 Annual Training Evaluation Report

### List of Training Evaluations and Sign-ins Received (arranged by date)

**Bureau of Special Education 2004 Database**

**Begin Date: March 20, 2003**

**End Date: February 26, 2004 (and received by March 1, 2004)**

	Training Title	Location	Region	Training Date	No Evals	No Sign-in Sheet
1	Medicaid	CDA	North	02/06/03		
2	Medicaid	Moscow	North	02/07/03		
3	Medicaid	Boise	Southwest	02/18/03		
4	Medicaid	Nampa	Southwest	02/20/03		
5	Medicaid	Idaho Falls	Southeast	02/24/03		
6	Medicaid	Pocatello	Southeast	02/25/03		
7	Medicaid	Twin Falls	Southeast	02/26/03		
8	Effective IEPs a.m.	Caldwell	Southwest	04/24/03		
9	Effective IEPs p.m.	Caldwell	Southwest	04/24/03		
10	Beyond Coersion	Boise	Southwest	05/13/03		
11	Beyond Coersion	Pocatello	Southeast	07/29/03		X
12	Augmentative Communication	Boise	Southwest	08/12/03		
13	Beyond Coersion	Moscow	North	08/12/03		
14	EC Transition	Boise	Southwest	08/21/03		X
15	RBM Core #1&2	Idaho Falls	Southeast	09/08/03		
16	Adverse PLOP	Kellogg	North	09/09/03		
17	Adverse PLOP	Pinehurst	North	09/09/03		
18	Adverse PLOP	Sunnyside	North	09/09/03		
19	Adverse PLOP	Wallace	North	09/09/03		
20	RBM Core #2	Idaho Falls	Southeast	09/09/03		X
21	EC Transition	CDA	North	09/15/03		
22	RBM Core #1&2	CDA	North	09/15/03		
23	New Teacher Orientation	Boise	Southwest	09/16/04	X	
24	EC Transition	Boise	Southwest	09/18/03		
25	RBM Secondary #1	Boise	Southwest	09/18/03		
26	RBM Secondary #2	Boise	Southwest	09/19/03		
27	POSSE	CDA	North	09/22/03		
28	Monitoring Self-Assessment	Boise	Southwest	09/22/03		
29	EC Transition	Nampa	Southwest	09/23/03	X	
30	New Teacher Orientation	Twin Falls	Southeast	09/23/03		
31	POSSE	Lewiston	North	09/23/03		
32	RBM Elem #1	Boise	Southwest	09/25/03		
33	RBM Elem #2	Boise	Southwest	09/26/03		
34	RBM Core #1&2	Burley	Southeast	09/29/03		
35	Monitoring Self-Assessment	Moscow	North	09/29/03		
36	Assessing Reading Needs	Boise	Southwest	09/30/03		X
37	Adverse PLOP	Silver Hills	North	10/01/03		
38	IDEA	CDA	North	10/04/03		
39	EC Transition (no emails)	Lewiston	North	10/06/03		
40	POSSE	Boise	Southwest	10/09/03	X	
41	RBM Core #1&2	Pocatello	Southeast	10/09/03		
42	Reading Academy	Moscow	North	10/09/03		
43	Monitoring Self-Assessment	Pocatello	Southeast	10/13/04		
44	RBM Core #3	CDA	North	10/14/03		
45	Reading Academy	Idaho Falls	Southeast	10/14/03		
46	Reading Academy	Boise	Southwest	10/15/03		X
47	RBM Core #3	Idaho Falls	Southeast	10/17/03		
48	EC Transition	Twin Falls	Southeast	10/22/03		
49	EC Transition (no emails)	Pocatello	Southeast	10/23/03		

Idaho Training Clearinghouse: 2004 Annual Training Evaluation Report

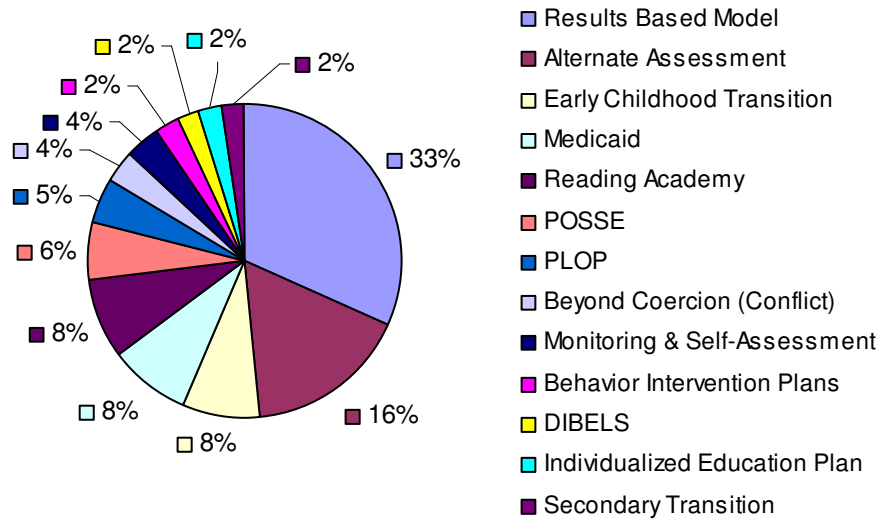
List of Training Evaluations and Sign-ins Received, cont.

	Training Title	Location	Region	Training Date	No Evals	No Sign-in Sheet
50	POSSE	Pocatello	Southeast	10/23/03		
51	Reading Academy	Nampa	Southwest	10/23/03		X
52	EC Transition	Idaho Falls	Southeast	10/24/03		
53	RBM Core #3	Burley	Southeast	10/28/03		
54	RBM Elem #3	Boise	Southwest	11/03/03		
55	Dibels	Pocatello	Southeast	11/05/03		
56	Dibels	Rexburg	Southeast	11/05/03		
57	RBM Core #3	Pocatello	Southeast	11/06/03		
58	Blind Transition	Boise	Southwest	11/07/03		X
59	Reading Academy	Pocatello	Southeast	11/10/03		
60	RBM Core #4	Idaho Falls	Southeast	11/12/03		X
61	Reading Academy	CDA	North	11/13/03		
62	Reading Academy	Twin Falls	Southeast	11/13/03		
63	Standards	Shelley	Southeast	11/17/03		
64	RBM Core #4	Burley	Southeast	11/19/03		
65	POSSE	Burley	Southeast	11/20/03		
66	RBM Core #4	CDA	North	11/21/03		
67	EC Transition (no emails)	Pocatello	Southeast	11/23/03	X	
68	RBM #4 (no emails)	Pocatello	Southeast	12/02/03		
69	RBM Elem #4	Boise	Southwest	12/08/03		
70	Special Ed Teacher Forum	Moscow	North	12/15/03	X	
71	Addressing Issues in the Local PIR	Terreton	Southeast	01/08/04		
72	RBM Core #5	Burley	Southeast	01/14/04		
73	IAA (am)	Lewiston	North	01/14/04		
74	IAA (pm)	Lewiston	North	01/14/04		
75	IAA (am)	CDA	North	01/15/04		
76	IAA (pm)	CDA	North	01/15/04		
77	RBM Core #5	CDA	North	01/16/04		
78	RBM Core #5	Idaho Falls	Southeast	01/21/04		
79	RBM Core #5	Pocatello	Southeast	01/22/04		
80	RBM Elem #5	Boise	Southwest	01/26/04		
81	Secondary Transition	Idaho Falls	Southeast	01/26/04		
82	RBM Core #5	Boise	Southwest	01/27/04		
83	Secondary Transition	Pocatello	Southeast	01/27/04		
84	IAA	Idaho Falls	Southeast	01/28/04		
85	IAA	Pocatello	Southeast	01/29/04		
86	IAA	Twin Falls	Southeast	02/05/04		
87	Behavior Intervention Plans	Twin Falls	Southeast	02/05/04		
88	IAA	Boise	Southwest	02/11/01		
89	IAA	Nampa	Southwest	02/12/04		
90	Behavior Intervention Plans	Twin Falls	Southeast	02/12/04		
91	IAA	Twin Falls	Southeast	02/13/04		
92	IAA	CDA	North	02/18/04		
93	RBM Advanced Training (Days 1 and 2)	Boise	Southwest	02/18/04		
94	RBM Overview (no emails)	St Anthony	Southeast	02/23/04		
95	IAA	Lewiston	North	02/19/04		
96	IAA	Idaho Falls	Southeast	02/24/04		
97	IAA	Pocatello	Southeast	02/25/04		
98	Professional Role Development	Moscow	North	02/26/04		

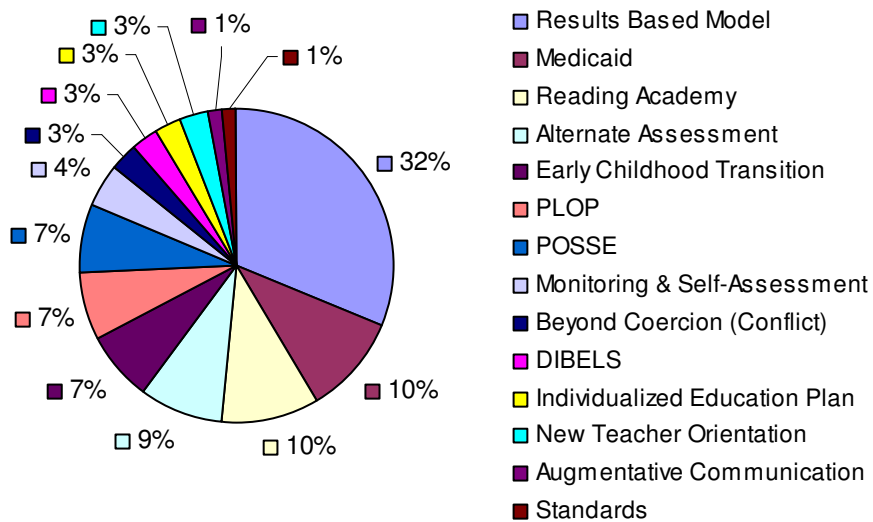
Trainings  
86-98:

No follow-up  
emails sent  
due to cut-  
off date for  
report and 6-  
week post  
training lag

## Training Evaluation Summaries Represented in Report



## Sign-in Sheets (for Follow-up Emails) Represented in Report



## Demographics of Respondents: Training Evaluation Summaries

Title: All Trainings Received Combined Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (check all that apply)

**Ethnic Group:** (optional and confidential)

<u>162</u> Parent of a child with disability	<u>444</u> General educator	<u>1290</u> Caucasian
<u>14</u> Other relative	<u>267</u> School administrator	<u>7</u> African American
<u>1</u> Surrogate parent	<u>31</u> Family service provider	<u>31</u> Hispanic
<u>15</u> Foster parent	<u>13</u> Medical/health professional	<u>3</u> Asian
<u>50</u> Advocate	<u>317</u> Related service personnel (SLP, PT/OT, psychologist, social worker)	<u>16</u> American Indian
<u>972</u> Special educator	<u>399*</u> Other (please specify) _____	<u>8**</u> Other (please specify) _____

**How did you hear about and/or get information on this training?**

<u>25</u> ITC calendar/website	<u>330</u> Email announcement
<u>498</u> Saw a Pamphlet	<u>111</u> Announcement at another conference
<u>407</u> Word of Mouth	<u>678***</u> Other

**\*Other Positions (Mentioned More Than Once)**

**\*\*\*Other How Did You Learn Of The Training (Mentioned More Than Once)**

- 188 = Not Specified
- 56 = Paraprofessional
- 26 = Title I
- 14 = Counselor
- 12 = Administration
- 12 = Secretary
- 11 = Other Coordinator
- 10 = Special Education Director
- 7 = Student
- 6 = Aide/Assistant
- 6 = Consulting Teacher
- 6 = Faculty
- 6 = Service Coordinator
- 5 = Reading Fellow/Teacher/Spec.
- 4 = Business Manager
- 4 = RBM Tracker
- 3 = Developmental Therapist/Spec.
- 2 = Consultant
- 2 = District Supervisor
- 2 = IT Program
- 2 = Para Educator
- 2 = Supervisor

- 331 = Principal/Superintendent/Administrator/Special Education Director
- 191 = Not Specified
- 86 = Required
- 41 = District
- 23 = Fellow Teacher/Team Member/Colleague
- 12 = Professor
- 7 = State Department of Education
- 6 = Staff Meeting
- 5 = Grant (condition/part of)
- 5 = Mailing
- 5 = Other Training
- 2 = Mentor

**\*\*Other Ethnic Group (Total = 8)**

- 5 = Not Specified
- 1 = Asian American
- 1 = Basque
- 1 = White/Hispanic

## Demographics of Respondents: Follow-up Email Evaluations

Due to the nature of the survey being anonymous and confidential, demographic data on respondents to the follow-up email evaluations is not available.

## Access/Use of ITC Website

For the period of September 2003 through February 2004, the statistics on visitor hits to the website include:

- Weekly average of 1200 unique visitors viewing 2250 pages
- Wednesday as the most popular day with 24% of the activity
- January as the most popular month receiving 71% of the hits to the home page

In the follow-up email evaluations sent to training participants six-weeks post training, the Idaho Training Clearinghouse (ITC) was mentioned in 26 of the responses received. Comments included:

Trainings From Which Participant Comments Came	Categories of Participant Comments
RBM = 9 comments Medicaid = 4 comments Reading = 4 comments DIBELS = 2 comments Early Childhood Transition = 2 comments Monitoring = 1 comment Standards = 1 comment	<ul style="list-style-type: none"> <li>• I was unaware of the ITC website. (10)</li> <li>• Please provide more information on accessing the ITC website. (7)</li> <li>• I would like training on the ITC website. (4)</li> <li>• Now that I've learned about the ITC website, I plan to use it. (3)</li> <li>• How do I get to the Idaho Training Clearinghouse? (1)</li> <li>• What is the Idaho Training Clearinghouse? (1)</li> </ul>

The above comments are reflective of the answers to the following questions that were asked in the follow-up email evaluations.

On the Idaho Training Clearinghouse website, how often do you access/use the Training/Event <b>Calendar</b> ?	Blank	1%
	Annually	10%
	Monthly	10%
	Weekly	2%
	Daily	0%
	Never	77%

On the Idaho Training Clearinghouse website, how often do you access/use the <b>Quick Reference Materials</b> ?	Blank	2%
	Annually	7%
	Monthly	8%
	Weekly	0%
	Daily	0%
	Never	84%

On the Idaho Training Clearinghouse website, how often do you access/use the <b>Training Initiatives</b> ?	Blank	2%
	Annually	8%
	Monthly	5%
	Weekly	0%
	Daily	0%
	Never	85%

On the Idaho Training Clearinghouse website, how often do you access/use the <b>Training Community</b> ?	Blank	2%
	Annually	7%
	Monthly	3%
	Weekly	0%
	Daily	0%
	Never	87%

## Future Training Needs Across All Trainings

Additional training needs of training participants are assessed at two points in time: (1) at the end of a training session through a standardized training evaluation form (hereafter referred to as training evaluation summaries) and (2) six-weeks post training on a web-based evaluation form (hereafter referred to as follow-up email evaluations).

For both data sets, a qualitative categorical analysis was done on the question “**What other training needs do you have?**” resulting in the following expressed needs. Below and throughout the report are numbers in parentheses that denote frequencies (i.e., the number of times an item was mentioned).

### Training Evaluation Summaries: Future Training Needs Across All Trainings (Total # of Respondents=Unknown)

There were no emerging patterns in expressed needs due to response being too varied and unspecific. For the currently stated question, “What other training needs do you have?” the respondents frequently refer back to the current training (e.g., need more follow-up on RBM). It is recommended that the question be rewording to say, “Aside from the training you’ve just completed, what other training needs do you have?” This would make it consistent with the same question asked in the six-week follow-up evaluation, which is successful in providing data on additional training needs.

### Follow-up Email Evaluations: Future Training Needs Across All Trainings (Total # of Respondents=217)

- Training in topics related to Special Education (48)
  - IEP
  - Disabilities
  - Autism
- Reading and Math (39)
- Idaho Training Clearinghouse (26)
  - This is the first we have heard of it
  - Need to know how to use
- None (13)
- RBM (13)
- Challenging Behaviors (5)
- Alternate Assessment (4)
- DIEBELS (3)

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Alternate Assessment Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

<u>19</u> Parent of a Child with Disability	<u>11</u>	General Educator
<u>2</u> Other Relative	<u>22</u>	School Administrator
<u>1</u> Surrogate Parent	<u>0</u>	Family Service Provider
<u>2</u> Foster Parent	<u>1</u>	Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>7</u> Advocate	<u>30</u>	Other
<u>270</u> Special Educator	<u>29</u>	

**Ethnic Group:** (Put number in each group.)

<u>195</u> Caucasian
<u>2</u> African American
<u>4</u> Hispanic
<u>0</u> Asian
<u>4</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>4</u> ITC calendar/website	<u>82</u> Email announcement
<u>103</u> Saw a Pamphlet	<u>24</u> Announcement at another conference
<u>52</u> Word of Mouth	<u>75</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.81		
2. The presenter used visuals and other materials effectively.			4.51		
3. The presenter handled questions effectively.			4.51		
4. The presentation was delivered well.			4.48		
5. Handouts were useful.			4.64		
6. The content was relevant to my professional and/or personal needs.			4.56		
7. The physical/room arrangements met my needs.			4.09		
8. Overall the training was well worth my time.			4.44		

**What did you like best or find most useful about this training?**

- Excellent presenters (45)
- Handouts (45)
- Overview of how to administer (16)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Need more examples and role play practice (20)
- Too much information, more time needed (18)
- Great! (14)
- Handouts need to be clarified and organized better (11)

**What, if any, additional training on this topic do you need?**

- Need time and help with practice (16)
- Updates and follow-up (13)
- None (10)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Alternate Assessment Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 135 # Forms Submitted: 29 % of Response: 21.48%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	97%
No	3%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	48%
No	52%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=14)

- Used information and data in making decisions (11)
- Conducted trainings for other teachers or parents (5)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	35%
Time to plan for integrating this into practice/daily life	9%
Support from administration	3%
Support from IEP team	3%
Time to collaborate with others	9%
Need for further training or technical assistance	0%
Left Blank	41%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=16)

- Needed more examples and clarification (3)
- Need manuals (2)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	31%
Yes, overall it was worth my time.	55%
It was an average training and generally worth my time.	10%
It was a "ho hum" training and not worth all of my time.	4%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=10)

- Well done and needed (5)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

Idaho Training Clearinghouse: 2004 Annual Training Evaluation Report

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Augmentative Communication Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 58 # Forms Submitted: 16 % of Response: 27.59%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	100%
No	0%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	88%
No	12%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=14)

- Have used new strategies, concepts directly with students (14)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	0%
Time to plan for integrating this into practice/daily life	15%
Support from administration	5%
Support from IEP team	0%
Time to collaborate with others	15%
Need for further training or technical assistance	0%
Left Blank	65%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=5)

- ITC website (1)
- More training (1)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	56%
Yes, overall it was worth my time.	38%
It was an average training and generally worth my time.	0%
It was a "ho hum" training and not worth all of my time.	6%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=11)

- Excellent training (7)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Behavior Intervention Plans Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

<u>3</u> Parent of a Child with Disability	<u>2</u> General Educator
<u>0</u> Other Relative	<u>4</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>1</u> Foster Parent	<u>0</u> Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>0</u> Advocate	<u>14</u> Psychologist, Social Worker)
<u>25</u> Special Educator	<u>3</u> Other

**Ethnic Group:** (Put number in each group.)

<u>22</u> Caucasian
<u>0</u> African American
<u>0</u> Hispanic
<u>0</u> Asian
<u>0</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>14</u> Email announcement
<u>19</u> Saw a Pamphlet	<u>1</u> Announcement at another conference
<u>7</u> Word of Mouth	<u>2</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.80		
2. The presenter used visuals and other materials effectively.			4.55		
3. The presenter handled questions effectively.			4.70		
4. The presentation was delivered well.			4.57		
5. Handouts were useful.			4.70		
6. The content was relevant to my professional and/or personal needs.			4.75		
7. The physical/room arrangements met my needs.			4.40		
8. Overall the training was well worth my time.			4.61		

**What did you like best or find most useful about this training?**

- Handouts and forms (15)
- Well done, good reminder, excellent presenter (14)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- More time on application (13)
- More examples and time to practice (6)

**What, if any, additional training on this topic do you need?**

- More practice (9)
- Specific student needs (3)

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Beyond Coercion (Conflict) Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>10</u> Parent of a Child with Disability	<u>1</u> General Educator
<u>0</u> Other Relative	<u>5</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>0</u> Foster Parent	<u>0</u> Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>1</u> Advocate	<u>14</u> Other
<u>15</u> Special Educator	<u>5</u>

<u>10</u> Caucasian
<u>0</u> African American
<u>1</u> Hispanic
<u>0</u> Asian
<u>0</u> American Indian
<u>1</u> Other

**How did you hear about and/or get information on this training?**

<u>1</u> ITC calendar/website	<u>1</u> Email announcement
<u>19</u> Saw a Pamphlet	<u>3</u> Announcement at another conference
<u>12</u> Word of Mouth	<u>4</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			5.00		
2. The presenter used visuals and other materials effectively.			4.73		
3. The presenter handled questions effectively.			4.92		
4. The presentation was delivered well.			4.91		
5. Handouts were useful.			4.88		
6. The content was relevant to my professional and/or personal needs.			4.92		
7. The physical/room arrangements met my needs.			4.58		
8. Overall the training was well worth my time.			4.97		

**What did you like best or find most useful about this training?**

- Excellent presenter (11)
- Negotiating skills (10)
- Excellent information and practical ideas (8)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Longer time on this topic (10)
- Excellent presenters (5)

**What, if any, additional training on this topic do you need?**

- More training on this topic or other Stacey trainings (11)
- Communication skills (9)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Beyond Coercion (Conflict) Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 29 # Forms Submitted: 5 % of Response: 17.24%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	100%
No	0%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	100%
No	0%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=5)

- New skills (2)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	0%
Time to plan for integrating this into practice/daily life	0%
Support from administration	0%
Support from IEP team	0%
Time to collaborate with others	0%
Need for further training or technical assistance	0%
Left Blank	100%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=0)

- No comments

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	100%
Yes, overall it was worth my time.	0%
It was an average training and generally worth my time.	0%
It was a "ho hum" training and not worth all of my time.	0%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=3)

- High quality of training (3)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: DIBELS Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

<u>3</u> Parent of a Child with Disability	<u>23</u>	General Educator
<u>0</u> Other Relative	<u>3</u>	School Administrator
<u>0</u> Surrogate Parent	<u>0</u>	Family Service Provider
<u>0</u> Foster Parent	<u>0</u>	Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>0</u> Advocate	<u>5</u>	
<u>15</u> Special Educator	<u>4</u>	Other

**Ethnic Group:** (Put number in each group.)

<u>29</u> Caucasian
<u>1</u> African American
<u>0</u> Hispanic
<u>0</u> Asian
<u>2</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>4</u> Email announcement
<u>0</u> Saw a Pamphlet	<u>20</u> Announcement at another conference
<u>12</u> Word of Mouth	<u>10</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.61		
2. The presenter used visuals and other materials effectively.			4.16		
3. The presenter handled questions effectively.			4.41		
4. The presentation was delivered well.			4.44		
5. Handouts were useful.			4.61		
6. The content was relevant to my professional and/or personal needs.			4.60		
7. The physical/room arrangements met my needs.			4.41		
8. Overall the training was well worth my time.			4.49		

**What did you like best or find most useful about this training?**

- Administering the test (10)
- Handouts (7)
- Practice (6)
- Question and answer period (2)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- No change (6)
- Please let us take handouts home (3)
- Time, stop watches (2)

**What, if any, additional training on this topic do you need?**

- More follow-up (3)
- Interventions (2)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: DIBELS Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 42 # Forms Submitted: 8 % of Response: 19.05%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	100%
No	0%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	75%
No	25%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=6)

- Applied the model (5)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	9%
Time to plan for integrating this into practice/daily life	18%
Support from administration	9%
Support from IEP team	0%
Time to collaborate with others	9%
Need for further training or technical assistance	0%
Left Blank	55%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=4)

- Time (2)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	38%
Yes, overall it was worth my time.	50%
It was an average training and generally worth my time.	12%
It was a "ho hum" training and not worth all of my time.	0%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=5)

- Helpful presenters (3)
- Tips on how to download (1)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Early Childhood Transition Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>28</u> Parent of a Child with Disability	<u>9</u> General Educator
<u>4</u> Other Relative	<u>13</u> School Administrator
<u>0</u> Surrogate Parent	<u>24</u> Family Service Provider
<u>1</u> Foster Parent	<u>5</u> Medical/Health Professional
<u>23</u> Advocate	<u>45</u> Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>86</u> Special Educator	<u>51</u> Other

<u>121</u> Caucasian
<u>1</u> African American
<u>4</u> Hispanic
<u>0</u> Asian
<u>4</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>3</u> ITC calendar/website	<u>51</u> Email announcement
<u>75</u> Saw a Pamphlet	<u>3</u> Announcement at another conference
<u>30</u> Word of Mouth	<u>22</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.64		
2. The presenter used visuals and other materials effectively.			4.43		
3. The presenter handled questions effectively.			4.44		
4. The presentation was delivered well.			4.45		
5. Handouts were useful.			4.65		
6. The content was relevant to my professional and/or personal needs.			4.49		
7. The physical/room arrangements met my needs.			4.27		
8. Overall the training was well worth my time.			4.40		

**What did you like best or find most useful about this training?**

- Materials and handouts (45)
- Variety of participants and networking, group discussions (37)
- Excellence of trainers, clarification of transitions through experience (35)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Peer to peer interactions, role play, examples, (14)
- Having administrators present (9)
- Time for questions (8)
- Great job (6)
- Shortened time (5)
- Resource list (3)

**What, if any, additional training on this topic do you need?**

- Practice and writing goals (5)
- Eligibility (4)
- Process of transition (3)
- Parents involved (3)
- Native issues (3)
- Sources of evaluation (2)

## Idaho Training Clearinghouse: 2004 Annual Training Evaluation Report

### State Department of Education Follow-up Email Evaluations – Annual Report

Title: Early Childhood Transition Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 186 # Forms Submitted: 44 % of Response: 23.66%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	91%
No	7%
Left Blank	2%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	57%
No	43%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=25)

- Have implanted with children in transition from my classroom, working with other agencies such as H&W(15)
- Found to be helpful with families (3)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	26%
Time to plan for integrating this into practice/daily life	11%
Support from administration	0%
Support from IEP team	2%
Time to collaborate with others	11%
Need for further training or technical assistance	0%
Left Blank	50%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=17)

- Increased collaboration and interaction among agencies (8)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	16%
Yes, overall it was worth my time.	59%
It was an average training and generally worth my time.	14%
It was a "ho hum" training and not worth all of my time.	7%
It was not at all worth my time.	4%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=20)

- Excellent training (8)
- Valuable to have other teacher and administrators there (4)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Individualized Education Plan Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>7</u> Parent of a Child with Disability	<u>3</u> General Educator
<u>0</u> Other Relative	<u>0</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>1</u> Foster Parent	<u>0</u> Medical/Health Professional
<u>0</u> Advocate	<u>8</u> Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>32</u> Special Educator	<u>2</u> Other

<u>44</u> Caucasian
<u>0</u> African American
<u>0</u> Hispanic
<u>0</u> Asian
<u>2</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>2</u> ITC calendar/website	<u>26</u> Email announcement
<u>2</u> Saw a Pamphlet	<u>5</u> Announcement at another conference
<u>11</u> Word of Mouth	<u>29</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.46		
2. The presenter used visuals and other materials effectively.			4.33		
3. The presenter handled questions effectively.			4.13		
4. The presentation was delivered well.			4.09		
5. Handouts were useful.			4.40		
6. The content was relevant to my professional and/or personal needs.			4.18		
7. The physical/room arrangements met my needs.			3.68		
8. Overall the training was well worth my time.			4.06		

**What did you like best or find most useful about this training?**

- Handouts (10)
- Clarification of questions (7)
- Examples or hands-on applications (6)
- CBM/PLOP (4)
- Structured process (2)
- Link to Standards (2)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Longer training, too much information in this time frame (14)
- Link to standards (6)

**What, if any, additional training on this topic do you need?**

- Knowledge about standards (10)
- Writing an IEP (7)
- CBM (5)
- Hands-on practice (3)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Individualized Education Plan Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 105 # Forms Submitted: 18 % of Response: 17.14%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	67%
No	33%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	67%
No	33%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=11)

- Writing IEP's using the standards (10)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	0%
Time to plan for integrating this into practice/daily life	14%
Support from administration	5%
Support from IEP team	0%
Time to collaborate with others	24%
Need for further training or technical assistance	14%
Left Blank	43%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=12)

- Additional training (3)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	28%
Yes, overall it was worth my time.	17%
It was an average training and generally worth my time.	28%
It was a "ho hum" training and not worth all of my time.	6%
It was not at all worth my time.	22%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=10)

- No categories identified – too diverse

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Medicaid: School-Based Services Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>4</u> Parent of a Child with Disability	<u>2</u> General Educator
<u>1</u> Other Relative	<u>42</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>0</u> Foster Parent	<u>1</u> Medical/Health Professional
	Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>1</u> Advocate	<u>19</u> Psychologist, Social Worker)
<u>20</u> Special Educator	<u>45</u> Other

<u>71</u> Caucasian
<u>1</u> African American
<u>0</u> Hispanic
<u>0</u> Asian
<u>0</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>26</u> Email announcement
<u>71</u> Saw a Pamphlet	<u>2</u> Announcement at another conference
<u>8</u> Word of Mouth	<u>15</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.71		
2. The presenter used visuals and other materials effectively.			4.25		
3. The presenter handled questions effectively.			4.65		
4. The presentation was delivered well.			4.60		
5. Handouts were useful.			4.68		
6. The content was relevant to my professional and/or personal needs.			4.56		
7. The physical/room arrangements met my needs.			4.21		
8. Overall the training was well worth my time.			4.62		

**What did you like best or find most useful about this training?**

- Useful information they could use right away (29)
- Asking audience to generate their questions and then answering them (21)
- Knowledgeable presenters (20)
  - Excellent presentation style
- Handouts (6)
- Billing procedures (3)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Great, very informative (8)
- More on billing matters (7)
- More often and more of it (6)
- Samples (5)
- Include administrators and other personnel (3)

**What, if any, additional training on this topic do you need?**

- Follow Up (14)
- Software IBI (6)
- Samples or examples (5)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Medicaid: School-Based Services Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 129 # Forms Submitted: 32 % of Response: 24.81%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	94%
No	6%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	88%
No	12%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=28)

- New billing format or information (20)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	8%
Time to plan for integrating this into practice/daily life	3%
Support from administration	0%
Support from IEP team	0%
Time to collaborate with others	6%
Need for further training or technical assistance	8%
Left Blank	75%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=18)

- Ongoing training and follow-up (13)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	37%
Yes, overall it was worth my time.	44%
It was an average training and generally worth my time.	16%
It was a "ho hum" training and not worth all of my time.	3%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=13)

- Need more training and time to answer questions (7)
- Excellent presenters (3)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Monitoring and Self-Assessment Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>3</u> Parent of a Child with Disability	<u>3</u> General Educator
<u>1</u> Other Relative	<u>11</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>0</u> Foster Parent	<u>0</u> Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>0</u> Advocate	<u>12</u> Other
<u>50</u> Special Educator	<u>7</u>

<u>31</u> Caucasian
<u>0</u> African American
<u>0</u> Hispanic
<u>0</u> Asian
<u>0</u> American Indian
<u>1</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>24</u> Email announcement
<u>2</u> Saw a Pamphlet	<u>2</u> Announcement at another conference
<u>23</u> Word of Mouth	<u>20</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.72		
2. The presenter used visuals and other materials effectively.			4.32		
3. The presenter handled questions effectively.			4.37		
4. The presentation was delivered well.			4.22		
5. Handouts were useful.			4.46		
6. The content was relevant to my professional and/or personal needs.			4.53		
7. The physical/room arrangements met my needs.			4.46		
8. Overall the training was well worth my time.			4.53		

**What did you like best or find most useful about this training?**

- Very informational/Great! (11)
- Handouts/binders (7)
- Step-by-step instruction (4)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Clarify and improve handouts (7)
- Too much information, more time for questions (6)
- None, well done (3)

**What, if any, additional training on this topic do you need?**

- Guidance from SDE (6)
- None, or not sure (5)

## Idaho Training Clearinghouse: 2004 Annual Training Evaluation Report

### State Department of Education Follow-up Email Evaluations – Annual Report

Title: Monitoring and Self-Assessment Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 77 # Forms Submitted: 22 % of Response: 28.57%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	95%
No	0%
Left Blank	5%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	77%
No	18%
Left Blank	5%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=16)

- Imitated the process (8)
- On a committee or team (5)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	4%
Time to plan for integrating this into practice/daily life	11%
Support from administration	0%
Support from IEP team	0%
Time to collaborate with others	15%
Need for further training or technical assistance	4%
Left Blank	66%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=7)

- No categories identified – too diverse

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	50%
Yes, overall it was worth my time.	36%
It was an average training and generally worth my time.	9%
It was a "ho hum" training and not worth all of my time.	0%
It was not at all worth my time.	0%
Left Blank	5%

7. Other comments specific to this training you attended? (# of respondents=10)

- Trainers were helpful (4)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

Idaho Training Clearinghouse: 2004 Annual Training Evaluation Report

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: New Teacher Orientation Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 74 # Forms Submitted: 18 % of Response: 24.32%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	94%
No	6%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	83%
No	17%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=15)

- Writing IEP (11)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	11%
Time to plan for integrating this into practice/daily life	0%
Support from administration	0%
Support from IEP team	0%
Time to collaborate with others	0%
Need for further training or technical assistance	0%
Left Blank	89%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=6)

- Practice (2)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	39%
Yes, overall it was worth my time.	44%
It was an average training and generally worth my time.	17%
It was a "ho hum" training and not worth all of my time.	0%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=10)

- Needed to actually put the IEP together (2)
- Excellent training (2)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: PLOP Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>0</u> Parent of a Child with Disability	<u>0</u> General Educator	<u>6</u> Caucasian
<u>0</u> Other Relative	<u>0</u> School Administrator	<u>0</u> African American
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider	<u>0</u> Hispanic
<u>0</u> Foster Parent	<u>0</u> Medical/Health Professional	<u>0</u> Asian
<u>0</u> Advocate	<u>3</u> Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)	<u>0</u> American Indian
<u>8</u> Special Educator	<u>1</u> Other	<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>0</u> Email announcement
<u>0</u> Saw a Pamphlet	<u>0</u> Announcement at another conference
<u>0</u> Word of Mouth	<u>0</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.54		
2. The presenter used visuals and other materials effectively.			4.08		
3. The presenter handled questions effectively.			4.38		
4. The presentation was delivered well.			4.33		
5. Handouts were useful.			4.10		
6. The content was relevant to my professional and/or personal needs.			4.38		
7. The physical/room arrangements met my needs.			4.00		
8. Overall the training was well worth my time.			4.42		

**What did you like best or find most useful about this training?**

- PLOP (3)
- Information on present level of performance (2)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- More time to work on examples before questions (5)
- Examples (4)

**What, if any, additional training on this topic do you need?**

- Follow-up (4)
- IEP and writing goals (4)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: PLOP Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 33 # Forms Submitted: 8 % of Response: 24.24%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	88%
No	12%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	63%
No	37%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=5)

- I used the PLOPS in IEP writing (5)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	20%
Time to plan for integrating this into practice/daily life	0%
Support from administration	0%
Support from IEP team	0%
Time to collaborate with others	20%
Need for further training or technical assistance	10%
Left Blank	50%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=5)

- More training (3)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	0%
Yes, overall it was worth my time.	38.5%
It was an average training and generally worth my time.	38.5%
It was a "ho hum" training and not worth all of my time.	25%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=3)

- Need a list of what needs to be on the PLOPS (2)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: POSSE Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

<u>0</u> Parent of a Child with Disability	<u>17</u>	General Educator
<u>0</u> Other Relative	<u>2</u>	School Administrator
<u>0</u> Surrogate Parent	<u>0</u>	Family Service Provider
<u>0</u> Foster Parent	<u>0</u>	Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>0</u> Advocate	<u>5</u>	Other
<u>12</u> Special Educator	<u>5</u>	

**Ethnic Group:** (Put number in each group.)

<u>22</u> Caucasian
<u>0</u> African American
<u>0</u> Hispanic
<u>1</u> Asian
<u>0</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>10</u> Email announcement
<u>4</u> Saw a Pamphlet	<u>9</u> Announcement at another conference
<u>4</u> Word of Mouth	<u>3</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.76		
2. The presenter used visuals and other materials effectively.			4.20		
3. The presenter handled questions effectively.			4.51		
4. The presentation was delivered well.			4.11		
5. Handouts were useful.			4.04		
6. The content was relevant to my professional and/or personal needs.			4.58		
7. The physical/room arrangements met my needs.			4.47		
8. Overall the training was well worth my time.			4.34		

**What did you like best or find most useful about this training?**

- Hands on use of program on a computer (15)
- Excellent job (10)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- Sample student (6)
- Computer difficulties made it really hard (5)
- Well done (3)

**What, if any, additional training on this topic do you need?**

- Updates and processing (6)
- None (3)
- RBM (2)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: POSSE Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 83 # Forms Submitted: 25 % of Response: 30.12%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	92%
No	4%
Left Blank	4%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	84%
No	16%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=19)

- Using the POSSE (13)
- Use of process at team meetings (5)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	15%
Time to plan for integrating this into practice/daily life	3%
Support from administration	0%
Support from IEP team	3%
Time to collaborate with others	3%
Need for further training or technical assistance	3%
Left Blank	73%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=10)

- More user-friendly software or updated (4)
- Further training (2)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	44%
Yes, overall it was worth my time.	28%
It was an average training and generally worth my time.	20%
It was a "ho hum" training and not worth all of my time.	8%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=10)

- Excellent training (8)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Reading Academy Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>21</u> Parent of a Child with Disability	<u>23</u> General Educator
<u>2</u> Other Relative	<u>9</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>3</u> Foster Parent	<u>0</u> Medical/Health Professional Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>3</u> Advocate	<u>9</u> Other
<u>150</u> Special Educator	<u>114</u> Other

<u>158</u> Caucasian
<u>0</u> African American
<u>4</u> Hispanic
<u>1</u> Asian
<u>2</u> American Indian
<u>1</u> Other

**How did you hear about and/or get information on this training?**

<u>9</u> ITC calendar/website	<u>16</u> Email announcement
<u>126</u> Saw a Pamphlet	<u>5</u> Announcement at another conference
<u>60</u> Word of Mouth	<u>25</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.65		
2. The presenter used visuals and other materials effectively.			4.59		
3. The presenter handled questions effectively.			4.56		
4. The presentation was delivered well.			4.51		
5. Handouts were useful.			4.59		
6. The content was relevant to my professional and/or personal needs.			4.53		
7. The physical/room arrangements met my needs.			4.35		
8. Overall the training was well worth my time.			4.55		

**What did you like best or find most useful about this training?**

- DIBELS (62)
- Presenters (45)
- Curriculum ideas/research based (44)
- Materials (40)
- Phonemic awareness (11)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- More practice time and inclusion of other practice tools other than DIBELS (33)
- Too slow, too much time on introduction (28)
- Binders better organized, color coordinated, link activities and edit (21)
- Excellent, no changes (15)
- Come to the districts (7)

**What, if any, additional training on this topic do you need?**

- Other grade levels and paraprofessionals included (24)
- Follow-up (13)
- DIBELS (13)
- Vocabulary (8)
- Practice (6)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Reading Academy Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 313 # Forms Submitted: 98 % of Response: 31.31%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	92%
No	6%
Left Blank	2%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	72%
No	26%
Left Blank	2%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=72)

- Using the DIEBELS (33)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	13%
Time to plan for integrating this into practice/daily life	14%
Support from administration	4%
Support from IEP team	2%
Time to collaborate with others	11%
Need for further training or technical assistance	5%
Left Blank	51%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=50)

- More time (8)
- None (8)
- Follow-up needed (6)
- Support and funding (3)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	46%
Yes, overall it was worth my time.	38%
It was an average training and generally worth my time.	9%
It was a "ho hum" training and not worth all of my time.	4%
It was not at all worth my time.	1%
Left Blank	2%

7. Other comments specific to this training you attended? (# of respondents=63)

- Excellent content and presenters (34)
- More explanation and hands-on practice (12)
- Materials and handouts good (5)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Results Based Model Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>34</u> Parent of a Child with Disability	<u>319</u>	General Educator	<u>485</u>	Caucasian
<u>3</u> Other Relative	<u>149</u>	School Administrator	<u>2</u>	African American
<u>0</u> Surrogate Parent	<u>7</u>	Family Service Provider	<u>16</u>	Hispanic
<u>4</u> Foster Parent	<u>6</u>	Medical/Health Professional	<u>1</u>	Asian
<u>10</u> Advocate	<u>137</u>	Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)	<u>1</u>	American Indian
<u>206</u> Special Educator	<u>112</u>	Other	<u>4</u>	Other

**How did you hear about and/or get information on this training?**

<u>6</u> ITC calendar/website	<u>58</u>	Email announcement
<u>16</u> Saw a Pamphlet	<u>34</u>	Announcement at another conference
<u>151</u> Word of Mouth	<u>422</u>	Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.61		
2. The presenter used visuals and other materials effectively.			4.17		
3. The presenter handled questions effectively.			4.25		
4. The presentation was delivered well.			4.10		
5. Handouts were useful.			4.23		
6. The content was relevant to my professional and/or personal needs.			4.26		
7. The physical/room arrangements met my needs.			4.09		
8. Overall the training was well worth my time.			4.08		

**What did you like best or find most useful about this training?**

- Hands-on Activities/Examples (103)
- RBM Interventions/the Process (98)
- Team activities (35)
- Handouts/Module (30)
- DIBELS/CBM/SBR (23)
- I-Plan (20)

**What do you feel would make this training better? If you could improve/change this class, what would you do?**

- Improve pace of presentation (125)
  - Too much time on overview and lecturing “at the group”
  - Too slow, people need to more into practice much sooner
  - Frustration with lack of adherence to time and agenda
  - Lack of clear goals and organization
- Team time to practice and interact (104)
  - Opportunity to apply information
  - More examples of how process works in real setting

*Continued on next page*

## Results Based Model – Training Evaluation Summary, cont.

### *What do you feel would make this training better? cont.*

- Need to improve presentation (100)
  - Use fewer lecture where presenters speaking at the group rather than interacting
  - Presenters need to include more examples that seem critical of families
  - Power Points need to be corrected for mistakes
  - Reorganize binders and materials/flip flopping through materials wastes time
- Ensure examples from secondary level are included (11)
- Presentations from other schools who are doing it (8)

### **What, if any, additional training on this topic do you need?**

- Follow up support (45)
- Help with sharing information at the local level
- More on interventions (41)
- Practice (33)
- POSSE (9)
- I-Plan (6)
- Observe in other schools (6)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Results Based Model Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 1,022 # Forms Submitted: 165 % of Response: 16.14%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	90%
No	9%
Left Blank	1%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	80%
No	18%
Left Blank	2%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=132)

- Implementing with at least 2 students (44)
- Using at meetings and with teams (43)
- Planning with I Plans and problem solving (22)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	8%
Time to plan for integrating this into practice/daily life	10%
Support from administration	4%
Support from IEP team	2%
Time to collaborate with others	15%
Need for further training or technical assistance	6%
Left Blank	55%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=90)

- More time (24)
- More training and follow-up (24)
- Nothing at this time (12)

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	28%
Yes, overall it was worth my time.	35%
It was an average training and generally worth my time.	19%
It was a "ho hum" training and not worth all of my time.	13%
It was not at all worth my time.	5%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=81)

- Poorly delivered (30)
- Liked the training (29)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.

**State Department of Education  
Training Evaluation Summaries – Annual Report**

Title: Secondary Transition Reporting Period: March 20, 2003 – February 26, 2004

**Are you a:** (Put total number of times each item was checked.)

**Ethnic Group:** (Put number in each group.)

<u>2</u> Parent of a Child with Disability	<u>2</u> General Educator
<u>0</u> Other Relative	<u>2</u> School Administrator
<u>0</u> Surrogate Parent	<u>0</u> Family Service Provider
<u>0</u> Foster Parent	<u>0</u> Medical/Health Professional
<u>0</u> Advocate	<u>0</u> Related Service Personnel (SLP, PT/OT, Psychologist, Social Worker)
<u>19</u> Special Educator	<u>3</u> Other

<u>12</u> Caucasian
<u>0</u> African American
<u>0</u> Hispanic
<u>0</u> Asian
<u>1</u> American Indian
<u>0</u> Other

**How did you hear about and/or get information on this training?**

<u>0</u> ITC calendar/website	<u>6</u> Email announcement
<u>6</u> Saw a Pamphlet	<u>0</u> Announcement at another conference
<u>10</u> Word of Mouth	<u>2</u> Other

	Absolutely (5)	Yes (4)	Average (3)	Ho Hum (2)	Not (1)
	<b>Averages</b>				
1. The presenter was knowledgeable about the topic.			4.84		
2. The presenter used visuals and other materials effectively.			4.83		
3. The presenter handled questions effectively.			4.71		
4. The presentation was delivered well.			4.70		
5. Handouts were useful.			4.78		
6. The content was relevant to my professional and/or personal needs.			4.62		
7. The physical/room arrangements met my needs.			4.33		
8. Overall the training was well worth my time.			4.61		

**What did you like best or find most useful about this training?**

- Handouts and links (14)
- Group Activities (4)

**What do you feel would make this training better? OR If you could improve or change this class in any way, what would you do?**

- More on transition plan (3)
- Nothing (3)
- Less time on self-determination (2)

**What, if any, additional training on this topic do you need?**

- Materials associated with transition (5)
- State and Federal regulations (2)
- Process (2)

**State Department of Education  
Follow-up Email Evaluations – Annual Report**

Title: Standards Reporting Period: March 20, 2003 – February 26, 2004  
 # Emails Sent: 11 # Forms Submitted: 4 % of Response: 36.36%

1. As a result of the training, did you learn a new skill or acquire additional information?

Answer	Percentage
Yes	100%
No	0%
Left Blank	0%

2. Have you had an opportunity to apply the new skill or observe it being applied in your school/home?

Answer	Percentage
Yes	100%
No	0%
Left Blank	0%

3. Please give at least one example of how you have applied this new skill/information or seen it applied and the results. (# of respondents=4)

- Used in writing IEP (4)

4. What additional resources or conditions are needed to promote or increase the use of the new skill/information?

Answer	Percentage
Opportunity to apply the skill	0%
Time to plan for integrating this into practice/daily life	25%
Support from administration	0%
Support from IEP team	0%
Time to collaborate with others	25%
Need for further training or technical assistance	25%
Left Blank	25%

5. Are there other resources or conditions needed (not listed above) to promote or increase the use of the new skill/information? (# of respondents=0)

- No comments

6. Looking back, please rate if overall the training was well worth your time.

Answer	Percentage
It was absolutely (without a doubt) worth my time.	25%
Yes, overall it was worth my time.	75%
It was an average training and generally worth my time.	0%
It was a "ho hum" training and not worth all of my time.	0%
It was not at all worth my time.	0%
Left Blank	0%

7. Other comments specific to this training you attended? (# of respondents=4)

- Well prepared presenters (4)

Note: Where number of respondents is more or less than the listed frequencies of categories, some respondents' comments either covered more than one category or were not assigned to a common category of analysis.