



Alaska Department of Health & Social Services
Division of Behavioral Health
Complex Behavior Collaborative (CBC) Services
CBC Training Satisfaction Survey

To help the State of Alaska plan for future services, you are asked to provide feedback on the satisfaction and quality of Complex Behavior Collaborative (CBC) Consultant Services.

Your participation in this evaluation is voluntary, choosing not to participate will not impact availability of services provided to your organization. All individual responses will be kept confidential, though aggregate responses will be used by the State of Alaska to evaluate consultation services. We will not ask for any of your identifying information.

If you have any questions about this survey or the information generated from it, please contact Eric Talbert at (907) 269-3626 or at eric.talbert@alaska.gov.

Date	CBC Client Number															
Name of Provider Agency	How long have you served this client?															
_____months _____years																
Name of CBC Consultant	Name of CBC Consultant Agency															
Which best describes your role? <i>(Check all that apply.)</i>																
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Mental Health Clinician</td> <td style="width: 33%;"><input type="checkbox"/> Psychologist</td> <td style="width: 33%;"><input type="checkbox"/> Client</td> </tr> <tr> <td><input type="checkbox"/> Behavioral Health Associate</td> <td><input type="checkbox"/> Special Educator</td> <td><input type="checkbox"/> Administrator</td> </tr> <tr> <td><input type="checkbox"/> Teacher Aide/ Paraprofessional</td> <td><input type="checkbox"/> School Support Staff</td> <td><input type="checkbox"/> Teacher</td> </tr> <tr> <td><input type="checkbox"/> Family Member/Guardian</td> <td><input type="checkbox"/> Case Manager</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Direct Service Provider</td> <td><input type="checkbox"/> Care Coordinator</td> <td></td> </tr> </table>		<input type="checkbox"/> Mental Health Clinician	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Client	<input type="checkbox"/> Behavioral Health Associate	<input type="checkbox"/> Special Educator	<input type="checkbox"/> Administrator	<input type="checkbox"/> Teacher Aide/ Paraprofessional	<input type="checkbox"/> School Support Staff	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member/Guardian	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Service Provider	<input type="checkbox"/> Care Coordinator	
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Rate your satisfaction with the item below:	Not at all					Highly
	satisfied					Satisfied
Training received through CBC	0	1	2	3	4	5

More on Back



Admin use only:
_____ INI _____

Assessment of Training Received

For each topic, rate your level of knowledge **BEFORE** work with the CBC consultant **on the left**, and then rate your level of knowledge **AFTER** work with the CBC consultant **on the right**. Select N/A if topic not covered.

BEFORE work with CBC Consultant							AFTER work with CBC Consultant										
N/A	Very little	0	1	2	3	4	A great deal	5	N/A	Very little	0	1	2	3	4	A great deal	5
NA	0	1	2	3	4	5			Functions of behavior	0	1	2	3	4	5		
NA	0	1	2	3	4	5			A function-based hypothesis (purpose of the behavior)	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Setting events (what increases the likelihood of the behavior occurring)	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Antecedents (what happens immediately before the behavior)	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Consequences (what happens immediately after the behavior that maintains it)	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Reinforcement/increasing behaviors	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Punishment/decreasing behaviors	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Extinction/eliminating a behavior	0	1	2	3	4	5		
NA	0	1	2	3	4	5			How to collect data	0	1	2	3	4	5		
NA	0	1	2	3	4	5			How to make data-based decisions	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Identifying replacement behaviors (what we teach the client to do instead)	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Identifying alternate skills (what we teach the client outside the problem behavior)	0	1	2	3	4	5		
NA	0	1	2	3	4	5			Prompting strategies	0	1	2	3	4	5		

Additional Comments about training:

Thank you!