For TRIBAL Representatives - Which Reg	ion are you from?		
		e : : : : : : : : : : : : : : : : : : :	
Others – please identify if you are an Ag	ency, Consultant, Attorney, etc.		
Have you or others in your organization attended a TTAP training session under the Pilot Program?			
Yes or No	(please circle one)		
IF YES			
Please rate your overall experience with the TTAP Pilot Program on a scale of 1 to 5			
1=Poor	3= ok	5=Great	
Which Training Session(s) did you attend?			
How likely are you to recommen	d the training you attended to a c	colleague? (Please circle one)	
Very likely	Somewhat likely	Not likely	
IF NO			
Please identify reason(s) why yo	u have not attended a Training (ci	rcle all that apply)	
Poor Location	Schedule concerns N	lot Aware of Training(s)	
Not enough available information Other			
What factors influence training you purs	ue with TTAP? (Circle all that appl	y)	
Subject Matter	Training available locally or by an	other source	
Date and Time	Budget		
Location	Credit Hours	2.	
Other	······	° 0 0	
Have you visited the TTAP Website?		Yes or No	
Do you have access to adequate internet speed for on-line, on-demand training		aining? Yes or No	
Have you requested technical assistance under the new TTAP model?		Yes or No	
If yes did the technical assistance meet your needs?		Yes or No	
If no please indicated why (Circle all that apply)			
Did not know it was available	Did not know how it work	s Did not know who to contact	
Makes me feel uncomfortable	I don't feel I need the ser	vice Other	
What are your top transportation challer	nges?	2	

Please use the back side of this survey to provide any additional remarks, describe any concerns or identify experiences both good and bad.

The TTPCC and ITA thank you for your response!