Webinar Feedback

Public reporting burden for this collection of information is estimated to be 3 minutes per response to complete this questionnaire. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970-0303. The control number expires XX /XX/XXXX.

| Webinar Title: <pre-printed></pre-printed> | |
|--|--|
| | |

Thank you for attending *<insert title of webinar>* on *<insert date>*. Please provide your feedback about the webinar by completing the brief survey below. Your responses are anonymous and will help the Children's Bureau to provide useful, informative, and relevant webinars in the future.

The following are statements about the webinar presenter and the overall event. Please rate your agreement using this scale:

SD - Strongly disagree

D – Disagree

N – Neither agree nor disagree

A – Agree

SA – Strongly agree

NA – Not applicable

| Webinar Presenter(s) | SD | D | N | Α | SA | NA |
|---|----|---|---|---|----|----|
| The presenter(s) was well-prepared, knowledgeable, and professional. | SD | D | N | Α | SA | NA |
| The presenter(s) provided the information clearly and logically. | SD | D | N | Α | SA | NA |
| Webinar Event | | | | | | |
| The material was appropriate for my level of experience and knowledge. | SD | D | N | Α | SA | NA |
| The webinar has increased my knowledge and/or my practical skills in this topic. | SD | D | N | Α | SA | NA |
| I will be able to apply what I learned in my work. | SD | D | Ν | Α | SA | NA |
| The webinar addressed the critical issues of the topic. | SD | D | Ν | Α | SA | NA |
| I will share the information I received at the webinar with my colleagues. | SD | D | N | Α | SA | NA |
| I would recommend participation in future Child Welfare Information Gateway sponsored webinars to others. | SD | D | N | Α | SA | NA |
| I am satisfied with the overall quality of this webinar. | SD | D | Ν | Α | SA | NA |

| 1. | What aspects of this webinar were most helpful to you? |
|----|---|
| 2. | What, if anything, would you suggest to change for future webinars? |
| | |

- 3. Did you attend this webinar by yourself or with colleagues (in a group)? Alone Group
- 4. How do you intend to use the information you learned in this webinar? (Check one)
 - Provide information for families
 - Research
 - Service delivery
 - Professional development
 - Program improvement
 - Fundraising/grant writing

- Policy development
- Public awareness
- Other:
- Personal use (personal situation, school report)
- 5. Do you plan to use this information to train others? Yes No (drop down)

6. The following are suggestions for future webinar topics. There is also space to write in webinar topics that would be of interest to you. For each suggestion, please indicate the level of information that would be helpful. (insert pre-printed suggestions and leave enough blanks for participants to make their own suggestions)

| WEBINAR TOPIC SUGGESTIONS | LEVEL OF INFORMATION NEEDED | | | |
|---------------------------|-----------------------------|--------------|---------------------|--|
| 1) | Beginner | Intermediate | Advanced/ Expert | |
| 2) | Beginner | Intermediate | Advanced/ Expert | |
| 3) | Beginner | Intermediate | Advanced/ Expert | |
| 4) | Beginner | Intermediate | Advanced/ Expert | |

| 7. | Which of the following best describes your professional background or role in the child |
|----|---|
| | welfare field? (Check one) |

- CPS/Child welfare/Foster care professional
- Child abuse prevention/Family support professional
- Adoption professional
- Educator/Faculty
- Other professional:
- Student (e.g., K-12 or University)
- □ None of the above I attended for personal and NOT professional reasons.
- 8. In which State/territory is your work geographically located? (drop down list)
- 9. Do you work in a State, county, or community based agency/organization? Yes No (drop down)
- **10.** Do you work with American Indian/Alaska Native/Native Hawaiian populations? Yes No (drop down)
- 11. Have you attended previous Webinars sponsored by the Information Gateway? Yes No (drop down)

| 2. How did you hear about this Webinar? | | | | | |
|---|--|--|--|--|--|
| | Children's Bureau listserv (e.g. SLO, CB Grantee listserv) | | | | |
| | Children's Bureau Express (CBX) | | | | |
| | Referred by a colleague | | | | |
| | Child Welfare Information Gateway Website | | | | |
| | Other: | | | | |
| Do you | have any additional comments? | | | | |
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