



<Insert Conference Title>

OVERALL CONFERENCE FEEDBACK FORM

Thank you for attending the <insert conference title> supported by OJJDP NTTAC. To better serve you, we would like to know how satisfied you are with the quality of the conference. Your feedback is indispensable in our ongoing efforts to improve the support that OJJDP provides. Your participation is completely voluntary.

For Questions 1–13, please indicate the extent to which you agree or disagree with the following statements about the conference.

- 1 – I Strongly Disagree with this statement (SD).
- 2 – I Disagree with this statement (D).
- 3 – I Neither agree nor disagree with this statement (N).
- 4 – I Agree with this statement (A).
- 5 – I Strongly Agree with this statement (SA).
- NA – Not Applicable (NA).

OVERALL CONFERENCE FEEDBACK	SD	D	N	A	SA	NA
1. I am satisfied with the conference facilities.	1	2	3	4	5	NA
2. The sessions were held in a good learning environment.	1	2	3	4	5	NA
3. The registration and logistical information was clear, helpful, and easily accessible.	1	2	3	4	5	NA
4. The conference was well-organized.	1	2	3	4	5	NA
5. The conference sessions addressed the critical issues of the topic.	1	2	3	4	5	NA
6. The conference included sufficient networking/meeting opportunities for exchange of information with other participants.	1	2	3	4	5	NA
7. The conference has increased my knowledge.	1	2	3	4	5	NA
8. The conference has increased my practical skills.	1	2	3	4	5	NA
9. The sessions I attended were appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
10. I will share the information I received at the event with my colleagues.	1	2	3	4	5	NA
11. The conference staff were professional, helpful, and informative.	1	2	3	4	5	NA
12. I would recommend a conference on these topics to my colleagues.	1	2	3	4	5	NA
13. I am satisfied with the overall quality of this conference.	1	2	3	4	5	NA

14. What aspects of the conference were most helpful and why?

15. What aspects of this conference would you suggest changing to make it better for future participants?

16. What additional training/technical assistance needs do you foresee having as a result of your attendance?

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17. Please indicate the session topics that should be addressed in next year's conference and the level of information that should be provided.

SESSION TOPIC SUGGESTIONS	LEVEL OF INFORMATION NEEDED		
1)	Beginner	Intermediate	Advanced/ Expert
2)	Beginner	Intermediate	Advanced/ Expert
3)	Beginner	Intermediate	Advanced/ Expert

Respondent Information

18. Which of the following best describes the field in which you work? (Please choose only one.)



- Ancillary youth services (e.g., recreation, prevention, mentoring, after-school)
- Child and family services (e.g., child welfare, adoption)
- Community-based organization
- Compliance monitors
- Corrections
- Detention
- Court services
- DMC coordinator
- Education/schools
- Faith-based organization
- Information technology
- Juvenile justice specialist
- Law enforcement
- Legal services–defense
- Legal services–prosecution
- Mental health
- Other advocacy (e.g., GAL, CASA)
- Other residential services
- Parole/community corrections
- Private sector/business
- Probation
- Problem solving/specialized courts (e.g., drug courts)
- Research
- SAG representative
- Substance abuse
- Truant youth/dropout
- Youth mentoring

19. How many years of experience do you have in the field of juvenile justice?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0 – 2 years | <input type="checkbox"/> 9 – 11 years |
| <input type="checkbox"/> 3 – 5 years | <input type="checkbox"/> 12 – 14 years |
| <input type="checkbox"/> 6 – 8 years | <input type="checkbox"/> 15 or more years |

20. How would you describe the population with which you primarily work? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> At-risk youth | <input type="checkbox"/> Substance using or abusing youth |
| <input type="checkbox"/> Children of incarcerated parents | <input type="checkbox"/> Teen parents |
| <input type="checkbox"/> Dependent youth | <input type="checkbox"/> Youth younger than 10 years of age |
| <input type="checkbox"/> Incarcerated youth | <input type="checkbox"/> Youth ages 11–15 years |
| <input type="checkbox"/> Homeless youth | <input type="checkbox"/> Youth ages 16–the legal age of adulthood in your community |
| <input type="checkbox"/> Mentally ill youth | <input type="checkbox"/> Youth in the child welfare system (e.g., foster youth, adopted youth, abused/neglected youth) |
| <input type="checkbox"/> Pre-adjudicated youth (e.g., youth awaiting a judicial outcome) | <input type="checkbox"/> Youth volunteers |
| <input type="checkbox"/> Post-adjudicated youth (e.g., youth on parole, probation, or under community supervision) | <input type="checkbox"/> Other: _____ |