

[LOGO and conference theme to be inserted]

Please indicate your current professional role:

- State Director
- State Staff (Please circle your primary responsibilities: data fiscal administrative program)
- Researcher
- Contractor
- Professional Development/Trainer
- Teacher
- Local Program Staff

Please rate the following elements, using a 1 to 5 scale where a rating of "1" means "strongly disagree" and "5" means "strongly agree." N/A means "not applicable."	
Overall quality of the [session]. Comments?	1 2 3 4 5 N/A
Organization of the [session] content. Comments?	1 2 3 4 5 N/A
Scope and depth of [session] content. Comments?	1 2 3 4 5 N/A
Applicability of [event] content. Comments?	1 2 3 4 5 N/A
Facilitator effectiveness in responding to questions. Comments?	1 2 3 4 5 N/A

Feedback on [session]

- a. Which aspects of [session] were most useful?

- b. What are your suggestions for improving this [session]?

Overall Meeting Evaluation

Please rate the following elements, using a 1 to 5 scale where a rating of “1” means “strongly disagree” and “5” means “strongly agree.” N/A means “not applicable.”	
Quality of [event] agenda, handouts, and other [event] materials. Comments?	1 2 3 4 5 N/A
Ease of locating sessions and meeting rooms. Comments?	1 2 3 4 5 N/A
Quality of meeting space and accommodations. Comments?	1 2 3 4 5 N/A
Friendliness of [event] staff. Comments?	1 2 3 4 5 N/A
Knowledge of [event] staff. Comments?	1 2 3 4 5 N/A
Pre-meeting logistics, registration and communication. Comments?	1 2 3 4 5 N/A

Public Burden Statement:

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