

Public reporting burden for this collection of information is estimated to be 5 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 0970-0401. The control number expires on 4/30/2015.

Child Welfare Information Gateway's Customer Satisfaction Assessment at Conferences: Data Collection Instruments

Enclosed: Conference Feedback Form Presentation Survey



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Child Welfare Information Gateway's Conference Feedback Form

Name of event: (to be filled in prior to event)
Date(s) of event: (to be filled in prior to event)

How does Information Gateway support your work (e.g., access to information/resources for professional development, to share with others, to improve practices or programs, etc.)?

Птс	or my own professional development		
	o share with otherso train staff or colleagues		
Пто	raise public awareness or for advocacy purpo	SAS	_
	enhance practices or sustain good policies		
	improve programs		
☐ Ot	her ways		
	•		
ease des	cribe your professional background or role	in the child	welfare field?
	Prevention/family support		Legal/courts
	Child Protective Services		Researcher/evaluator/consultant
	Foster care/foster parenting (e.g.,		Early childhood educator (0–5 years)
perma	anency planning, out-of-home care)		Teacher (K–12)
	Adoption		Professor/faculty (higher education)
	Youth services		Media
	Juvenile justice		Other (Please describe:
	Health/behavior health		

Thank you for your time and feedback!



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Child Welfare Information Gateway's Presentation Feedback Form

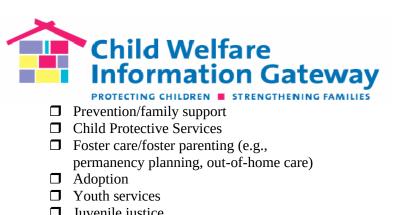
Name of event: (to be filled in prior to event)
Date(s) of event: (to be filled in prior to event)
Presenter(s): (to be filled in prior to event)

<u>Purpose</u>: Please take a few minutes to complete this survey and tell us what you think about the usefulness of both today's presentation and Child Welfare Information Gateway's products and services, in general, so we can make enhancements to better meet your needs. Your participation with this survey is voluntary and your responses will be reported anonymously.

1. How useful was today's presentation to your work? (Circle one)					
	Very useful Useful Somewhat useful Not useful				
2.	Please select all of the ways you intend to apply information from today's presentation to your work? (Check and briefly describe all that apply).				
	☐ For my own professional development				
	☐ To share with others				
	☐ To train staff or colleagues				
	☐ To raise public awareness or for advocacy purposes				
	☐ To enhance practices or sustain good policies				
	☐ To improve programs				
	☐ Other ways				

3. Please circle your level of agreement with each of the following statements.							
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable	
a. I learned about information services, resources, or products that I will be able to apply to my work.	SA	A	N	D	SD	NA	
b. I will share the information I received from today's presentation with others.	SA	A	N	D	SD	NA	
c. As a result of today's presentation, I am more likely to use Child Welfare Information Gateway resources.	SA	A	N	D	SD	NA	
d. The presenter(s) was well-prepared, knowledgeable, and professional.	SA	A	N	D	SD	NA	
e. The presenter(s) provided the information clearly and logically.	SA	A	N	D	SD	NA	

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



5.

6.

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☐ Prevention/family support		Legal/courts
☐ Child Protective Services		Researcher/evaluator/consultant
☐ Foster care/foster parenting (e.g.,		Early childhood educator (0–5 years)
permanency planning, out-of-home care)		Teacher (K–12)
☐ Adoption		Professor/faculty (higher education)
☐ Youth services		Media
☐ Juvenile justice		Other (Please describe:)
☐ Health/behavior health		
Which of the following best describes your workplace? (C☐ Local or county public agency☐ State public agency☐ Tribal agency/organization	check o	ne.)
Federal agency		
☐ Non-profit (e.g., community-based, faith-based, advocacy		

7. How can Information Gateway further support your work (e.g., new publications/topics, website enhancements, additional tools/resources)?

Thank you very much for completing our survey!