



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.)?

How do you intend to apply the information/resources you received today? (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 _____

Please describe your professional background or role in the child welfare field?

- | | |
|---|---|
| <input type="checkbox"/> Prevention/family support | <input type="checkbox"/> Legal/courts |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Researcher/evaluator/consultant |
| <input type="checkbox"/> Foster care/foster parenting (e.g., permanency planning, out-of-home care) | <input type="checkbox"/> Early childhood educator (0–5 years) |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Teacher (K–12) |
| <input type="checkbox"/> Youth services | <input type="checkbox"/> Professor/faculty (higher education) |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health/behavior health | <input type="checkbox"/> Other (Please describe: _____) |

What State/territory are you from? _____

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

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)

Purpose: 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)



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- Prevention/family support
- Child Protective Services
- Foster care/foster parenting (e.g., permanency planning, out-of-home care)
- Adoption
- Youth services
- Juvenile justice
- Health/behavior health
- Legal/courts
- Researcher/evaluator/consultant
- Early childhood educator (0–5 years)
- Teacher (K–12)
- Professor/faculty (higher education)
- Media
- Other (Please describe:_____)

5. In which State/territory do you work? _____

6. Which of the following best describes your workplace? (Check one.)

- Local or county public agency
- State public agency
- Tribal agency/organization
- Federal agency
- Non-profit (e.g., community-based, faith-based, advocacy)
- Health-care organization
- Educational institution (early education, K–12, college, university)
- Training and technical assistance service provider (Please describe:_____)
- Other (Please describe:_____)

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!