Instrument 5: Feedback Form for Community of Learning Events

OMB Control No.: XXXX-XXXX Expiration Date: xx/xx/xxxx

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Study of Coordination of Tribal TANF and Child Welfare Services FEEDBACK FORM for Community of Learning Events

Learning Community Event:	Date:
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Dear participant:

We would appreciate your feedback so that we can assess the usefulness of this event and to improve the quality and relevance of future events of this kind. Completion of this feedback form is voluntary. All information gathered from this form will be kept private and individual responses will not be reported. This form will take about 9 minutes to complete.

Please indicate the degree to which you agree with the following statements about the [name of event] that you just participated in.

y conjunct process process can	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
The topics were well-organized	0	0	0	0	0	0
The depth of topic coverage was excellent	0	0	0	0	0	0
In general, the presenter/facilitator was effective	0	0	0	0	0	0
The content covered is relevant to me and my Tribe [or Tribal organization]	0	0	0	0	0	0
The information presented was culturally appropriate	0	0	0	0	0	0
Overall, the quality of discussions and dialogue was high	0	0	0	0	0	0
The opportunities to interact during the event were plentiful	0	0	0	0	0	0
Overall, I was satisfied with the information-sharing that took place during the event	0	0	0	0	0	0
Participating in this event was beneficial	0	0	0	0	0	0
Overall, I was satisfied with this event	0	0	0	0	0	0

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Please make any comments/suggestions in the relevant spaces below.				
If the event was beneficial to you, please describe how so?				
Please comment on what we could do to improve Learning Community events in order for them to be more beneficial to you and your tribe/tribal organization:				

Thank you, your feedback is very much appreciated!