



<Insert Conference Title>

## OVERALL CONFERENCE FEEDBACK FORM

Thank you for attending the <insert conference title> supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Training and Technical Assistance Center (NTTAC). To better serve you, we would like to know how satisfied you were 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 was satisfied with the overall conference facilities.	1	2	3	4	5	NA
2. The meeting space and/or technology provided a good learning environment.	1	2	3	4	5	NA
3. The registration and logistics information were 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 critical issues.	1	2	3	4	5	NA
6. The format and content of the event were useful in helping me understand how to implement evidence-based practice in my work.	1	2	3	4	5	NA
7. The format of the conference provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4	5	NA
8. The conference has increased my knowledge.	1	2	3	4	5	NA
9. The conference has increased my practical skills.	1	2	3	4	5	NA
10. The sessions I attended were appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
11. I will share the information I received at the event with my colleagues.	1	2	3	4	5	NA
12. The conference staff were professional, helpful, and informative.	1	2	3	4	5	NA
13. I would recommend <insert title of conference> to my colleagues.	1	2	3	4	5	NA
14. I was satisfied with the overall quality of this conference.	1	2	3	4	5	NA

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

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

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<Insert Conference Title>

## OVERALL CONFERENCE FEEDBACK FORM

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17. As a result of your attendance at the conference, please indicate any additional training and/or technical assistance needs that would be helpful to you/your organization in doing your work?

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18. Please indicate the session topics that should be addressed in the next 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**

19. 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

20. 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 |

21. 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: _____  |

*We will follow up with a random sample of participants to determine the impact of this session/event. If you would be willing to participate in a **brief** follow-up interview, please provide your contact information below. The information will only be used for the purpose of conducting the follow-up interview. The confidentiality of the information you provide is guaranteed.*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_