

OJJDP NATIONAL TRAINING AND TECHNICAL ASSISTANCE CENTER OVERALL CONFERENCE FEEDBACK FORM

Thank you for attending the “<Insert Conference Title Here>” 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 are with the quality of the conference in which you just participated. Your participation is completely voluntary. Please complete only one Overall Conference Feedback form.

Conference Title/TA#: pre-printed information

Date(s): pre-printed information

Please click the number that best represents your rating for this conference for each of the following questions.

1. Please rate the overall quality of this conference?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

2. Was the conference information relevant/useful to your work?

1	2	3	4
Not Useful	Somewhat Useful	Useful	Very Useful

Please click the number that best represents the extent to which you agree or disagree with the following statements about the Conference.

CONFERENCE FEEDBACK	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strong Agree
3. I was satisfied with the overall conference facilities.	1	2	3	4	5
4. The meeting space/technology provided a good learning environment. (optional)	1	2	3	4	5
5. The registration and logistics information were clear, helpful, and easily accessible.	1	2	3	4	5
6. The format of the conference provided ample opportunity and encouragement for participants to interact meaningfully with each other. (optional)	1	2	3	4	5
7. The event staff was professional, helpful, and informative. (optional)	1	2	3	4	5
8. The event was well-organized.	1	2	3	4	5
9. The conference sessions addressed critical issues.	1	2	3	4	5
10. The format and content of the conference were useful in helping me understand how to implement evidence-based practice in my work.	1	2	3	4	5
11. Attending the conference increased my knowledge in a meaningful way. (optional)	1	2	3	4	5
12. I will share the information I received at the event with my colleagues.	1	2	3	4	5

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13. What aspects of the conference were most useful and why?
14. How do you plan to apply the information from this training in your work? (Please check all that apply.) (optional)
- | | |
|--|--|
| <input type="checkbox"/> Grant writing/Fundraising | <input type="checkbox"/> Public awareness/advocacy |
| <input type="checkbox"/> Improve reporting methods | <input type="checkbox"/> Train/educate others (staff/colleagues) |
| <input type="checkbox"/> Improve technology/websites | <input type="checkbox"/> Research |
| <input type="checkbox"/> My own professional development | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Provide information to clients/families/youth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Program/Practice improvement | |
15. Please indicate any additional training and/or technical assistance needs that would be helpful to you/your organization in doing your work? (optional)
16. What suggestions do you have for making OJJDP conference better for future participants?
17. Please indicate the conference sessions you attended that were most useful and why? (optional)
18. What topics would you like to see addressed in the next conference and at what level?

SESSION TOPIC SUGGESTIONS	<i>Level of Information Needed</i>		
1.)	<i>Beginner</i>	<i>Intermediate</i>	<i>Advanced/Expert</i>
2.)	<i>Beginner</i>	<i>Intermediate</i>	<i>Advanced/Expert</i>
3.)	<i>Beginner</i>	<i>Intermediate</i>	<i>Advanced/Expert</i>

19. Additional comments:
20. Which of the following best describes the field in which you work? (Please choose only one – drop down list)
- | | | |
|--|--|--|
| <input type="checkbox"/> Child and family services (e.g., child welfare, adoption) | <input type="checkbox"/> Faith-based program/organization | <input type="checkbox"/> Research |
| <input type="checkbox"/> Children exposed to violence/trauma | <input type="checkbox"/> Formula Grant | <input type="checkbox"/> SAG Representative |
| <input type="checkbox"/> Children's Advocacy Centers | <input type="checkbox"/> Internet Crimes Against Children (ICAC) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Juvenile justice specialist | <input type="checkbox"/> State requirements |
| <input type="checkbox"/> Community-based program/organization | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Compliance Monitoring | <input type="checkbox"/> Mental health | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Corrections/Detention | <input type="checkbox"/> Missing children | <input type="checkbox"/> Training and technical assistance |
| <input type="checkbox"/> Court Appointed Special Advocate (CASA) | <input type="checkbox"/> Other advocacy (e.g., GAL, CASA) | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Court services | <input type="checkbox"/> Parole/community corrections | <input type="checkbox"/> School truancy/discipline/violence prevention |
| <input type="checkbox"/> DMC Coordinator | <input type="checkbox"/> Probation | <input type="checkbox"/> Victims of Crime |
| | <input type="checkbox"/> Problem solving/specialized courts (e.g., family/drug courts) | <input type="checkbox"/> Violence prevention |
| | <input type="checkbox"/> Prosecution | <input type="checkbox"/> Youth development |
| | | <input type="checkbox"/> Youth mentoring |
| | | <input type="checkbox"/> Other: _____ |
21. Please indicate which state you are from: _____ (drop down list)