**2015 Immunization Awardee Meeting (IAM) Evaluation**

**Thank you for your participation in the 2015 Immunization Awardee Meeting! Please take time to complete this evaluation. Your feedback is very important and will be used to help inform future meetings.**

**The survey is estimated to take approximately 8 minutes to complete.**

**Meeting attendance**

1. **I attended the Immunization Awardee Meeting (IAM) on…(Please check all that apply):**

* Tuesday, July 14th, 2015
* Wednesday, July 15th, 2015
* Thursday, July 16th, 2015
* Friday, July 17th, 2015
* I did not attend this meeting (SKIP TO THE END)

**Demographics**

1. Please indicate your organization (select one):

* State health agency
* Tribal health department
* Local health department
* Territorial health department
* Partner organization
* CDC
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate your position (select all that apply):

* Program Manager
* VFC Coordinator
* AFIX Coordinator
* Vaccine Manager
* IIS Coordinator
* CDC PHA/field assignee
* CDC Headquarters Staff
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How long have you been working in your current position?**

* < 1 year
* 1-2 years
* 3-4 years
* 5-9 years
* 10+ years

1. **How long have you been working in the field of immunizations?**

* < 1 year
* 1-2 years
* 3-4 years
* 5-9 years
* 10+ years
* Not applicable – I do not currently work in this field.

1. **Have you previously attended the AIM-sponsored Program Managers’ Meeting?**

** Yes**

** No**

** Not sure/Don’t know**

**7. Please place an “X” in the column which accurately reflects your level of agreement with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **As a result of attending the 2015 IAM…** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| …I have a better understanding of CDC’s requirements/recommendations for immunization awardees (i.e., as specified in the IPOM). |  |  |  |  |  |
| …I learned more about how to implement CDC’s immunization awardee requirements/recommendations (i.e., as specified in the IPOM). |  |  |  |  |  |
| …I was able to establish or strengthen professional relationships with **CDC staff**. |  |  |  |  |  |
| …I was able to establish or strengthen professional relationships with **non-CDC staff (e.g., awardees, partners)**. |  |  |  |  |  |
| I plan to directly apply what I learned from the meeting to my job. |  |  |  |  |  |
| What I learned at the IAM will improve my job effectiveness. |  |  |  |  |  |
| The content and learning materials addressed a need or a gap in my knowledge or skills. |  |  |  |  |  |
| I was able to attend most of the concurrent sessions that were of interest to me. |  |  |  |  |  |
| In the future, I would attend a similar meeting hosted by CDC. |  |  |  |  |  |

8. Was the meeting space was comfortable and conducive to learning?

** Yes**

** No**

** Not sure/Don’t know**

IF NO: What could be improved? (Please check all that apply)

** Amount of space available in sessions**

** Temperature**

** Lunch options**

** Other:\_\_\_\_\_\_\_\_\_\_**

9. In your opinion, were some key topics missing from the IAM agenda?

** Yes**

** No**

** Not sure/Don’t know**

IF YES, PLEASE SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Were most or all of the key staff from your program/organization able to attend the IAM?

** Yes**

** No**

** Not sure/Don’t know**

IF NO: Please state the primary reason (check only one):

 Budget/travel restrictions

 Conflicts due to personal obligations

 Conflicts due to professional obligations

 Other. Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Please place an “X” in the column which most accurately reflects your answer to the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The amount of time spent…** | Too much | Just about right | Too little |
| The amount of time spent by CDC staff to provide technical assistance/training provided was… |  |  |  |
| The amount of time spent by CDC staff to provide updates or communicate priorities was… |  |  |  |
| The amount of information provided by non-CDC staff (e.g., awardees, partners) was… |  |  |  |
| The amount of “free” time (e.g., between sessions for networking, meetings, or breaks) was… |  |  |  |
| The overall length of the meeting (Tuesday-Friday, with two full and two half days) was… |  |  |  |
| The amount of time spent on… |  |  |  |
| ….VFC/PEAR was… |  |  |  |
| ….AFIX was… |  |  |  |
| ….IIS was… |  |  |  |
| ….HPV vaccination was… |  |  |  |
| ….IPOM and the cooperative agreement was… |  |  |  |
| ….budget |  |  |  |
| ….pandemic influenza/preparedness was… |  |  |  |
| ….adult activities was… |  |  |  |
| ….Vaccine management/Spend plan/VTrckS was… |  |  |  |
| ….School coverage and exemptions was… |  |  |  |
| ….Vaccine storage and handling was… |  |  |  |
| ….Communications strategies was… |  |  |  |

**12. What did you like most about the IAM?**

**13. What did you like least about the IAM?**

**14. Other comments/suggestions:**

Thank you for completing the Immunization Awardee Meeting (IAM) Evaluation!