2016 MIECHV All Grantee Meeting

**June 8 -10, 2016**

**Individual Session Feedback Form**

 **Please select your affiliation**

☐ MIECHV State Region or Territory           

☐ Tribal Home Visiting Program

☐ Other

**Please select the role that most closely aligns with your responsibilities related to the MIECHV project.**

|  |  |
| --- | --- |
|  Grantee Lead/Director/Coordinator  Grantee Data/Evaluation Staff  Grantee Program Staff/Consultant Grantee Grants Management/Fiscal Staff Home Visitor ECCS Coordinator/Staff  |  Federal Staff/Partner  Model Developer  National TA Provider  Speaker  Other |

 **Please rate each session using the scale listed below**

|  |  |
| --- | --- |
|  Not at all  Somewhat  Very much   |  Very little  Quite a bit  |

| **Please indicate the degree** (enter rating 1, 2, 3, 4 or 5 in the box) **to which the Plenary or Breakout session...** | Achieved intended objectives | Met your needs | Provided new information | Allotted time for questions and and/or quality discussion | Was well organized, engaging and effectively presented | Speaker(s) demonstrated topic expertise | Provided information you can apply to practice and/or enhanced your professional expertise |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Plenary: Date, title and presenter |   |  |  |  |  |  |  |
| Breakout Session: Date, title & presenter  |  |  |  |  |  |  |  |

What is one thing that you like best about the session: 

What is one thing that you would change: 

Other comments: 