

**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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Grantee Lead/Director/Coordinator      | <input type="checkbox"/> Federal Staff/Partner |
| <input type="checkbox"/> Grantee Data/Evaluation Staff          | <input type="checkbox"/> Model Developer       |
| <input type="checkbox"/> Grantee Program Staff/Consultant       | <input type="checkbox"/> National TA Provider  |
| <input type="checkbox"/> Grantee Grants Management/Fiscal Staff | <input type="checkbox"/> Speaker               |
| <input type="checkbox"/> Home Visitor                           | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> ECCS Coordinator/Staff                 |  |

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

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Very little |
| <input type="checkbox"/> Somewhat   | <input type="checkbox"/> Quite a bit |
| <input type="checkbox"/> Very much  |                                      |

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakout Session: Date, title & presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

What is one thing that you would change:

Other comments:

