

2016 MIECHV All Grantee Meeting Feedback Form June 8 -10, 2016

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

Please pick the 4 sessions that you found most helpful

Length of Meeting:

Rating scale for the following close-ended questions (will be a drop down)

- Not at all
 Very little
 Somewhat
 Quite a bit
 Very much
 N/A

| | |
|--|--------------------------|
| Relevance: Please indicate the degree to which the AGM | |
| Was relevant to your work | <input type="checkbox"/> |
| Provided resources and strategies to support your home visiting/early childhood related efforts | <input type="checkbox"/> |
| Enhanced your existing knowledge and/or skills | <input type="checkbox"/> |
| Future Action: Please indicate to what extent you plan to use what you learned or the resources you obtained. | |
| Share knowledge or skills with various stakeholders and other team members | <input type="checkbox"/> |
| Make changes in policies, guidelines, procedures, or interagency agreements/contracts | <input type="checkbox"/> |
| Make changes in the service delivery system for families | <input type="checkbox"/> |
| Pursue additional technical assistance related to a topic featured during the AGM | <input type="checkbox"/> |
| Learn more about a topic featured during the AGM | <input type="checkbox"/> |
| Quality: Please indicate your <u>overall</u> ratings for the following: | |
| Usefulness of the AGM | <input type="checkbox"/> |
| Appropriate balance between large group sessions and breakout sessions | <input type="checkbox"/> |
| Felt there was sufficient time allocated for joint agenda sessions, activities and networking (tribal, state and territory <u>together</u>) | <input type="checkbox"/> |
| Felt there was sufficient time allocated for individual program agendas (either tribal or state and territory <u>separate</u>) | <input type="checkbox"/> |

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| Speakers/presenters were knowledgeable | <input type="checkbox"/> |
| Networking Opportunities: Please rate the effectiveness of the networking opportunities included throughout the meeting | |
| Grantee Sharing Station Session afternoon of Day 1 | <input type="checkbox"/> |
| Affinity lunches on Day 3 | <input type="checkbox"/> |
| DC Night Tour | <input type="checkbox"/> |
| Other <input type="text"/> | |
| Meeting Components: Please indicate your overall ratings for the following: | |
| Comfortable and appropriate meeting space | <input type="checkbox"/> |
| Comfortable and clean sleeping accommodations at conference hotel | <input type="checkbox"/> |
| Responsiveness of registration and meeting coordination staff | <input type="checkbox"/> |
| Helpfulness and usability of the meeting App | <input type="checkbox"/> |
| Ability to participate in individual TA sessions with respective TA providers. | <input type="checkbox"/> |
| Helpfulness of the materials made available in advance of the meeting (meeting information, know before you go email, etc.) | <input type="checkbox"/> |

What was the most helpful aspect of the AGM?

What improvements can be made?

Other comments:
