



NATIONAL CENTER ON Program Management and Fiscal Operations

OMB Control Number: XXXX-XXXX

Expiration Date: XX/XXXX

PMFO Event Session Feedback Survey

Thank you for participating in the $\{e://Field/Session\}$ session at the $\{e://Field/Meeting\}$. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary and anonymous, and all feedback will be kept confidential. To further protect your confidentiality please refrain from including personally identifiable information in open-ended responses.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit".

When taking this survey, please think only about the $\{e://Field/Session\}$ session even if you attended other sessions during the conference.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average approximately 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

1. What is your primary organizational affiliation?

- Head Start / Early Head Start grantee
- HS / EHS Childcare Partnership grantee
- Child care program (non-Head Start)
- Federal/Regional Office
- Regional Training / Technical Assistance Network
- Other _____

2. What is your primary role within your organization?

- Director
- Assistant Director / Associate Director
- CFO
- Board of Directors / Tribal Council
- Manager/Coordinator
- Family Advocate / Family Services
- Policy Council
- Federal/Regional Office Staff (specify title) _____
- Regional Training / Technical Assistance Network Staff (specify title) _____
- Other _____

3. How many years have you served in this role?

- Less than 1 year
- 1 to 4 years
- 5 to 9 years
- 10 or more years

4. Please select your level of agreement with the following statements about the session:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
The session deepened my knowledge of the topic presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The session was or will be relevant to me and my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The session provided me with knowledge of available resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The session provided me with new information that I plan to share with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please let us know whether you found the content presented in this session to be too simple, too advanced, or just about right.

- Far too advanced
- A bit too advanced
- About right
- A bit too simple
- Far too simple

6. Please select your level of agreement with the following statements about the session's presenters and materials:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
Presenter(s) was knowledgeable of the content area(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter(s) clarified content in response to questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presentation style was interactive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the presentation materials easy to read and understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received materials that will be useful to me, my staff, or my program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How satisfied were you with the session?

- Very satisfied
- Mostly satisfied
- Mostly dissatisfied
- Very dissatisfied

8. How likely are you to integrate the information from the session into your ongoing work?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Not applicable

9. How, if at all, do you plan to integrate what you learned during the session into your work?

10. Is there anything else you would like to know about this topic?

11. Other comments: