

MEETING PARTICIPANT FEEDBACK FORM

Thank you for participating in the <“Insert Meeting Title Here”> Meeting supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Training and Technical Assistance Center (NTTAC). To better serve you, we would like to know how satisfied you are with the quality of the meeting in which you just participated. Your feedback is indispensable in our ongoing efforts to improve the support that OJJDP provides. Your participation is completely voluntary.

Meeting Title/TA#: pre-printed information

Date(s): pre-printed information

OJJDP NTTAC Coordinator: pre-printed information

Please click the number that best represents your rating for this meeting for each of the following questions.

1. Overall, was this was an effective way to support the content and purpose of this meeting?

1	2	3	4	5
<i>Very Ineffective</i>	<i>Ineffective</i>	<i>Neither Effective Nor Ineffective</i>	<i>Effective</i>	<i>Very Effective</i>

2. Did the facilitator effectively move through the meeting agenda?

1	2	3	4	5
<i>Very Ineffective</i>	<i>Ineffective</i>	<i>Neither Effective Nor Ineffective</i>	<i>Effective</i>	<i>Very Effective</i>

Please click the number that best represents the extent to which you agree or disagree with the following statements about the meeting.

	<i>Strongly Disagree (SD)</i>	<i>Disagree (D)</i>	<i>Neither Agree Nor Disagree (N)</i>	<i>Agree (A)</i>	<i>Strongly Agree (SA)</i>
3. The facilitator/presenter was an effective communicator.	1	2	3	4	5
4. The facilitator/presenter efficiently managed Q&A.	1	2	3	4	5
5. The use of technology contributed to a positive meeting environment.	1	2	3	4	5
6. The use of technology made it easy to ask questions and collaborate.	1	2	3	4	5
7. The time allotted was appropriate for completing all agenda items.	1	2	3	4	5

Please click the number that best represents your rating for this meeting’s objectives.(delete this question if not applicable)

Meeting Objectives (if applicable)	<i>Did Not Address this Objective in Presentation</i>	<i>Did Not Achieve this Objective</i>	<i>Somewhat Achieved this Objective</i>	<i>Achieved this Objective</i>
8. As a result of my attendance, I <insert meeting objective 1>.	1	2	3	4
9. As a result of my attendance, I <insert meeting objective 2>.	1	2	3	4
10. As a result of my attendance, I <insert meeting objective 3>. (insert/delete objectives as necessary)	1	2	3	4

11. What suggestions do you have for improving future meetings?

12. Additional comments:

MEETING PARTICIPANT FEEDBACK FORM

13. How do you plan to apply the information from this training in your work? (Please check all that apply.) (optional)

- | | |
|--|--|
| <input type="checkbox"/> Grant writing/Fundraising | <input type="checkbox"/> Public awareness/advocacy |
| <input type="checkbox"/> Improve reporting methods | <input type="checkbox"/> Train/educate others (staff/colleagues) |
| <input type="checkbox"/> Improve technology/websites | <input type="checkbox"/> Research |
| <input type="checkbox"/> My own professional development | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Provide information to clients/families/youth | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Program/Practice improvement | |

14. Which of the following best describes the field in which you work? (Please choose only one – drop down list)

- | | | |
|--|--|--|
| <input type="checkbox"/> Child and family services (e.g., child welfare, adoption) | <input type="checkbox"/> Faith-based program/organization | <input type="checkbox"/> Research |
| <input type="checkbox"/> Children exposed to violence/trauma | <input type="checkbox"/> Formula Grant | <input type="checkbox"/> SAG Representative |
| <input type="checkbox"/> Children's Advocacy Centers | <input type="checkbox"/> Internet Crimes Against Children (ICAC) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Juvenile justice specialist | <input type="checkbox"/> State requirements |
| <input type="checkbox"/> Community-based program/organization | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Compliance Monitoring | <input type="checkbox"/> Mental health | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Corrections/Detention | <input type="checkbox"/> Missing children | <input type="checkbox"/> Training and technical assistance |
| <input type="checkbox"/> Court Appointed Special Advocate (CASA) | <input type="checkbox"/> Other advocacy (e.g., GAL, CASA) | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Court services | <input type="checkbox"/> Parole/community corrections | <input type="checkbox"/> School truancy/discipline/violence prevention |
| <input type="checkbox"/> DMC Coordinator | <input type="checkbox"/> Probation | <input type="checkbox"/> Victims of Crime |
| | <input type="checkbox"/> Problem solving/specialized courts (e.g., family/drug courts) | <input type="checkbox"/> Violence prevention |
| | <input type="checkbox"/> Prosecution | <input type="checkbox"/> Youth development |
| | | <input type="checkbox"/> Youth mentoring |
| | | <input type="checkbox"/> Other: _____ |

15. Please indicate which state you are from: _____ (drop down list)

*This survey will be offered online; however, in the case of paper surveys please send completed evaluation forms to:
Christine Leicht, OJJDP NTTAC Evaluation Manager, Christine.Lleicht@icfi.com*

