

Child Welfare Virtual Conference Sessions Survey: [Session Title]



Capacity Building
CENTER FOR STATES

OMB Control No.: xxxx-xxxx
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Post Session Survey

The Capacity Building Collaborative is committed to continuously improving the relevance and utility of services provided. Please take a few minutes to provide your feedback on the [Session Title] session. Your comments will be incorporated into future activities planning and will help strengthen Capacity Building Collaborative services to better meet your needs. Your participation in this survey is entirely voluntary, and your responses will be reported anonymously. The survey should take about 5 minutes to complete. If you have any questions, please contact Christine Leicht, Capacity Building Center for States Evaluation Lead at Christine.Leicht@icfi.com.

Please indicate your agreement with the following statements.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1. As a result of my participation, <i>[Insert session objective 1]</i>	1	2	3	4	5	6	7
2. As a result of my participation, <i>[Insert session objective 2]</i>	1	2	3	4	5	6	7
3. As a result of my participation, <i>[Insert session objective 3]</i>	1	2	3	4	5	6	7
4. As a result of the knowledge I gained through this session, I will be more effective in my work.	1	2	3	4	5	6	7
5. The content of this session felt relevant to the values and context of my agency.	1	2	3	4	5	6	7
6. The content of this session felt relevant to the values and context of the communities	1	2	3	4	5	6	7

my agency serves.							
7. The Transfer of Learning session helped me apply what I learned to my work.	1	2	3	4	5	6	7
8. I discovered new tools, ideas, and ways of thinking about through the Transfer of Learning session	1	2	3	4	5	6	7
9. The format of the session was engaging and made it easy to participate.	1	2	3	4	5	6	7

10) Please select the various ways you plan to apply the information from the session in your work (check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Support program improvement | <input type="checkbox"/> Grant writing/Fundraising |
| <input type="checkbox"/> Support policy development | <input type="checkbox"/> Train staff/colleagues |
| <input type="checkbox"/> Provide information to clients/families | <input type="checkbox"/> Conduct research & evaluation |
| <input type="checkbox"/> Share with peers | <input type="checkbox"/> My own professional development (e.g. increased knowledge) |
| <input type="checkbox"/> Support public awareness/advocacy | <input type="checkbox"/> Other (please describe): _____ |

11) If you indicated that you plan to use this information with others, in what setting will it be used?

- Formal Training with Agency Staff
- Classroom/University
- Informal Training with Agency Staff
- Informal distribution of material to Agency Staff
- Other: _____

12) The sessions will be made available online after today. Would you recommend the recorded video of this session to another colleague?

- Yes
- No

13) Please provide any comments you would like to share about this session: