**Community of Practice (CoP) In-Person Meeting**

**CCDBG Implementation Research and Evaluation Planning Grantees**

Friday, March 3, 2017

The Westin Washington, DC City Center

**Meeting Evaluation Form**

Thank you for attending today’s meeting. Please take a few minutes to provide your feedback on the content and organization of the meeting. Your responses will be used to shape future Community of Practice meetings and will be kept private.

1. **Please circle a number to indicate whether you agree or disagree with each statement.**

1=Strongly Disagree 2=Disagree 3=Neither Agree Nor Disagree 4=Agree 5=Strongly Agree

|  |  |
| --- | --- |
| **Grantee Presentations and Peer Support (9:15-11:00)** |  **Strongly ------------ Strongly Disagree Agree** |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **The Benefits, Development, Use of a Research Agenda for a CCDF Lead Agency (11:15-12:30)** |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **Strategy Session: Building Research and Evaluation Capacity (1:15-2:45)** |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **Overall Meeting** |  |
| 1. As a whole, the meeting was a good use of my time.
 | **1 2 3 4 5** |
| 1. I was comfortable asking questions & contributing to discussion.
 | **1 2 3 4 5** |
| 1. I will be able to apply what I learned in this meeting to my work.
 | **1 2 3 4 5** |

**13. If you disagreed (2) or strongly disagreed (1) with any statements, please explain further.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Presentations led by grantees
 | **More time** | **About the same** | **Less time** |
| 1. Presentations led by guest speakers
 | **More time** | **About the same** | **Less time** |
| 1. Whole group discussion
 | **More time** | **About the same** | **Less time** |
| 1. Small group activities
 | **More time** | **About the same** | **Less time** |
| 1. Informal networking and discussion
 | **More time** | **About the same** | **Less time** |

1. **Please circle a response to indicate if you would have preferred to spend more time, about the same amount of time, or less time on each of the following.**

**19. What aspects of the meeting did you find most useful?**

**20. What aspects did you find least useful?**

**21. Do you have any additional comments for the meeting organizers?**

**22. Please indicate your role.**

**Thank you for your time!**

* Grantee lead agency staff
* Grantee external research partner