Child Care and Early Education Policy Research Consortium (CCEEPRC) 2017 Annual Meeting

March 1–2, 2017 • The Westin Washington, D.C. City Center • Washington, D.C.

Overall Evaluation Form

This evaluation form can also be completed online at: [INSERT LINK TO SURVEY HERE]

Which professional perspective most closely reflects your current role/position? (Please select one)

❐ Researcher (*if selected, additional options appear*)

    ❐ Academic
    ❐ Research Firm/Institution
    ❐ Federal, State, or Local Government

❐ State or Local Government
❐ Federal Government
❐ Training/Technical Assistance Provider
❐ Service Provider/Organization
❐ Other: (Please specify)

Please check each day you attended.

❐ Wednesday, March 1, 2017   ❐ Thursday, March 2, 2017

Is this your first time attending CCEEPRC (formerly, CCPRC)?

❐ Yes   ❐ No

Overall Program

Please rate the statements using the following scale: *1=Poor, 2=Fair, 3=Good and 4=Excellent.*

	Poor	Fair	Good	Excellent
My overall impression of the meeting was: ………………….	1	2	3	4
The information discussed and provided was: ……………….	1	2	3	4
The presenters and moderators were: ………………………...	1	2	3	4
The plenary session topics were (*i.e. Welcome, New Federal Regulations, Research-to-Policy Translation, Quality Improvement in Home-Based Child Care, Reflections and Next Steps*):.……………..	1	2	3	4
The workshop/breakout session topics were: …………….......	1	2	3	4

1. **Were the presentations, discussions, and topics covered in this year's meeting relevant to your work or interests? Please explain.**

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2. **What topics would you like to see addressed or explored further in future meetings or in a different format? Please specify the topics and preferred format.**

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3. Which plenary sessions and workshops did you find most effective and why?

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4. What can we improve for next time in terms of meeting content (e.g., topics, sessions, participants)?

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5. What can we improve for next time in terms of meeting format (e.g., length of meeting, session format, new CCEEPRC communications system)?

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Opportunities for Networking

For each activity you participated in, please rate your overall impression using the following scale: *1=Poor, 2=Fair, 3=Good and 4=Excellent.*

	Poor	Fair	Good	Excellent
Coffee with Colleagues (Wednesday morning)…………………	1	2	3	4
Meet-and-Greet Reception (Wednesday evening)……………	1	2	3	4
Affinity Group Lunch Discussions (Thursday) ………………	1	2	3	4

6. What can we improve for next time in terms of networking opportunities?

_____

_____

Meeting Logistics

	Poor	Fair	Good	Excellent
Overall meeting	1	2	3	4
Time of year	1	2	3	4
Location of hotel	1	2	3	4
Hotel accommodations	1	2	3	4
Meeting registration process	1	2	3	4
Logistics staff assistance	1	2	3	4
Meeting materials	1	2	3	4
The use of USB drives for resource-sharing	1	2	3	4

7. **If you rated any of the items above as 1=Poor or 2=Fair, please elaborate.**

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_____

8. **What can we improve for next time in terms of meeting logistics?**

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_____

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9. **Do you have anything else that you would like to share?**

_____

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Thank you for completing this Evaluation Form. Please return this completed form to the Registration Desk, fax it to (240) 399-8471, or e-mail it to opre@blhtech.com.