

**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.

A. 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

| | Strongly Disagree | ----- | Strongly Agree | |
|--|-------------------|-------|----------------|---|
| <u>Grantee Presentations and Peer Support (9:15-11:00)</u> | | | | |
| 1. I was interested in the session content. | 1 | 2 | 3 | 4 |
| 2. The session was relevant to my or my agency's needs. | 1 | 2 | 3 | 4 |
| 3. My knowledge or skills have increased as a result of the session. | 1 | 2 | 3 | 4 |
| | | | | 5 |
| <u>The Benefits, Development, Use of a Research Agenda for a CCDF Lead Agency (11:15-12:30)</u> | | | | |
| 4. I was interested in the session content. | 1 | 2 | 3 | 4 |
| 5. The session was relevant to my or my agency's needs. | 1 | 2 | 3 | 4 |
| 6. My knowledge or skills have increased as a result of the session. | 1 | 2 | 3 | 4 |
| | | | | 5 |
| <u>Strategy Session: Building Research and Evaluation Capacity (1:15-2:45)</u> | | | | |
| 7. I was interested in the session content. | 1 | 2 | 3 | 4 |
| 8. The session was relevant to my or my agency's needs. | 1 | 2 | 3 | 4 |
| 9. My knowledge or skills have increased as a result of the session. | 1 | 2 | 3 | 4 |
| | | | | 5 |
| <u>Overall Meeting</u> | | | | |
| 10. As a whole, the meeting was a good use of my time. | 1 | 2 | 3 | 4 |
| 11. I was comfortable asking questions & contributing to discussion. | 1 | 2 | 3 | 4 |
| 12. 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.

B. 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.

| | | | |
|---|-----------|----------------|-----------|
| 14. Presentations led by grantees | More time | About the same | Less time |
| 15. Presentations led by guest speakers | More time | About the same | Less time |
| 16. Whole group discussion | More time | About the same | Less time |
| 17. Small group activities | More time | About the same | Less time |
| 18. Informal networking and discussion | More time | About the same | Less time |

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.

- Grantee lead agency staff
- Grantee external research partner

Thank you for your time!

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future meetings. Public reporting burden for this collection of information is estimated to average 5 minutes per response. 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. The OMB number and expiration date for this collection are OMB #: 0970-0401, Exp: 05/31/2018. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to mrohacek@urban.org.