



# Child Care and Early Education Policy Research Consortium Annual Meeting

February 7-8, 2018 • Hilton Crystal City Hotel • Arlington, VA

## 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, please indicate the research setting)
  - Academic
  - Research Firm/Institution
  - Federal, State, or Local Government
- State or Local Government
- Federal Government
- Training/Technical Assistance Organization
- Other: (For example, Foundation Staff or National Policy Organization Staff. Please specify)

**Please check each day you attended.**

- Wednesday, February 7, 2018
- Thursday, February 8, 2018

**Is this your first time attending CCEEPRC?**

- 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; Diversity, Equity and Inclusivity in ECE Policy, Practice and Research; Defining and Measuring Child Care Quality that Reflects Diversity of Families and Settings; Financing ECE to Support a Highly Qualified ECE Workforce; Coordinated Services for Children and their Families; Closing):.....	1	2	3	4
The breakout session topics were: .....	1	2	3	4

**1. Did any of the presentations, discussions, and topics covered in this year’s meeting challenge you to think about your work or interests in a different way? 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 and breakout sessions 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
Meet-and-Greet Reception (Wednesday evening).....	1	2	3	4
Affinity Discussions during Extended Lunch (Thursday) .....	1	2	3	4

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

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**Meeting Logistics**

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

	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
Use of the meeting website 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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**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, e-mail it to [CCEEPRC@icf.com](mailto:CCEEPRC@icf.com) or complete the evaluation online at: [\[INSERT LINK TO SURVEY HERE\]](#).*

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future CCEEPRC meetings. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 Ann Rivera ([Ann.Rivera@acf.hhs.gov](mailto:Ann.Rivera@acf.hhs.gov)).