

**Community of Practice (CoP) In-Person Meeting
CCDBG Implementation Research and Evaluation Planning Grantees
Meeting Evaluation Form**

Tuesday, February 6, 2018 - Hilton Crystal City

Thank you for attending today's meeting! Please take a few minutes to provide feedback. Your responses will be used to shape future CoP 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

<u>Grantee Project Updates and Peer Support (10:00-11:45)</u>	Strongly -----					Strongly
	Disagree				Agree	
1. I was interested in the session content.	1	2	3	4	5	
2. The session was relevant to my or my agency's needs.	1	2	3	4	5	
3. My knowledge or skills have increased as a result of the session.	1	2	3	4	5	
<u>Guest Speaker - South Carolina's Child Care Access Index (11:45-12:30)</u>						
4. I was interested in the session content.	1	2	3	4	5	
5. The session was relevant to my or my agency's needs.	1	2	3	4	5	
6. My knowledge or skills have increased as a result of the session.	1	2	3	4	5	
<u>Small Group Discussions (1:30-2:15)</u>						
7. I was interested in the session content.	1	2	3	4	5	
8. The session was relevant to my or my agency's needs.	1	2	3	4	5	
9. My knowledge or skills have increased as a result of the session.	1	2	3	4	5	
10. Which small group discussion did you						
<u>Afternoon Guest Speaker and Workshop (2:30-3:45)</u>						
11. I was interested in the session content.	1	2	3	4	5	
12. The session was relevant to my or my agency's needs.	1	2	3	4	5	
13. My knowledge or skills have increased as a result of the session.	1	2	3	4	5	
<u>Overall Meeting</u>						
14. As a whole, the meeting was a good use of my time.	1	2	3	4	5	
15. I was comfortable asking questions & contributing to discussion.	1	2	3	4	5	
16. 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 CCDF 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.
OMB Approval Number: 0970-0401
Expiration Date: 3/31/2018