

Attachment A

2020 Adolescent Pregnancy Prevention Grantee Conference Overall Evaluation Survey

To assist us in planning for future conferences, please complete this evaluation form. We appreciate your attendance at this year's conference!

Please note that your participation in this survey is voluntary. Survey responses are anonymous and will be kept private. THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 10 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 control number for this project is 0970-0401. The control number expires on 05/31/2021.

1. Please select the role(s) that best describe you. Select all that apply.

- Grantee or sub-awardee staff
- Federal staff
- Workshop or panel presenter
- Poster presenter
- Federal contractor
- Exhibitor
- Program developer/trainer
- Other - Write In:

2. If you are a grantee or sub-awardee, what is your primary role on your grant? Select only one.

- Project administrator (e.g., director, manager, coordinator, etc.)
- Field staff (e.g. educator, facilitator, etc.)
- Evaluator
- Partner/sub-awardee (who is not an evaluator)
- Other - Write In:

I am not an HHS grantee or sub-awardee.

3. If you are a grantee or sub-awardee, please identify your grantee type. Select all that apply.

- State Personal Responsibility Education Program
- Competitive Personal Responsibility Education Program
- Tribal PREP (Personal Responsibility Education Program - Tribes and Tribal Organizations)
- Personal Responsibility Education Program - Innovative Strategies
- Title V State Sexual Risk Avoidance Education Grant Program
- Title V Competitive Sexual Risk Avoidance Education Grant Program
- General Departmental Sexual Risk Avoidance Education Program
- I am not an HHS grantee or sub-awardee

Conference Objectives

Please indicate the extent to which you agree or disagree with the following statement

4. By the end of the conference, I was able to..

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
1. Describe at least two new strategies for supporting future SRAE and PREP programming with youth.						
2. Obtain resources to effectively meet the needs of special populations of youth.						
3. Identify new tools, resources, and connections to improve organizational capacity, evaluation, partnerships, social media marketing, and/or						

sustainability.						
4. Demonstrate an understanding of emerging trends in adolescent health and pregnancy prevention.						

5. What did you think of the conference OVERALL?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
1. The conference met my expectations.						
2. The information and resources shared at the conference will expand my capacity to do my job.						
3. The conference made me want to seek out additional technical assistance and support on topics that were presented.						

Conference Logistics

Please indicate the extent to which you agree or disagree with the following statements.

6. What did you think of the *preliminary materials* for the conference?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
1. The call for proposals was clear.						
2. The online registration process was user-friendly.						
3. The conference website was easy to navigate.						
4. The conference website contained useful information.						

Other Sessions

Please indicate the extent to which you agree or disagree with the following statements.

7. What did you think of the *Poster Session (Time TBD)*?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
1. The information presented was useful and applicable to my work.						
2. The session generated thoughtful discussion.						
3. The time allotted for this session was appropriate.						

Final Thoughts

8. What was the best part of the conference?

9. What aspects of the conference could be improved upon and how?

10. Do you have any additional comments or questions about the conference?

Thank you for completing this form. Your response is very important to us.