**Attachment B**

**2020 Adolescent Pregnancy Prevention Grantee Conference Session Specific 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 5 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.

# **Session Title: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Presenter(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Based on the presentation, how much do you agree or disagree with the statements below.

|  | **Strongly****Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly****Disagree** |
| --- | --- | --- | --- | --- | --- |
| The presenters conveyed the information clearly. |  |  |  |  |  |
| The presenters were knowledgeable about the subject matter. |  |  |  |  |  |
| The workshop enhanced my knowledge in this topic area. |  |  |  |  |  |
| I expect to use the information gained from this workshop in my job. |  |  |  |  |  |
| Overall, the workshop met my expectations. |  |  |  |  |  |

# Additional Comments: