

Child Care and Early Education Policy Research Consortium Annual Meeting

April 17-18, 2019 · Grand Hyatt Hotel · Washington, DC

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 (<i>if selected</i> , <i>please indicate the</i>	State or Local Government
research setting)	Federal Government
□ Academic	Training/Technical Assistance
Research Firm/Institution	Organization
Federal, State, or Local	D Other: (For example, Foundation Staff or
Government	National Policy Organization Staff. Please
Graduate Student	specify)

Please check each day you attended.

□ Wednesday, April 17, 2019 □ Thurs

Thursday, April 18, 2019

Is this your first time attending CCEEPRC? □ Yes □ No

Are you a current OPRE funded grantee or contractor?

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; Nontraditional hour	r			
care; Aligning programs for children and parents, Promoting equity;				
Leadership in ECE; 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.

- 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.
- 3. Which plenary and breakout sessions did you find most effective and why?
- 4. What can we improve for next time in terms of meeting content (e.g., topics, sessions, participants)?
- 5. What can we improve for next time in terms of meeting format (e.g., length of meeting, session format, new CCEEPRC communications system)?

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?

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

OMB #0970-0401

7. If you rated any of the items above as *1=Poor* or *2=Fair*, please elaborate.

8. What can we improve for next time in terms of meeting logistics?

9. Do you have anything else that you would like to share?

Thank you for completing this Evaluation Form. Please return this completed form to the Registration Desk, e-mail it to <u>CCEEPRC@icf.com</u> or complete the evaluation online at: [INSERT LINK TO SURVEY HERE].

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, expiration date: 05/31/2021. 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).