**Community of Practice (CoP) In-Person Meeting**

**CCDBG Implementation Research and Evaluation Planning Grantees**

**Meeting Evaluation Form**

Tuesday, April 16, 2019 – Grand Hyatt DC

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.

1. **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

|  |  |
| --- | --- |
| **Session 1: How Researchers and Policymakers Work Together** | **Strongly ------------ Strongly  Disagree Agree** |
| 1. I was interested in the session content. | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | **1 2 3 4 5** |
| **Session 2: Conversation with Shannon Christian, OCC** | |
| 1. I was interested in the session content. | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | **1 2 3 4 5** |
| **Session 3: Data Walk** | |
| 1. I was interested in the session content. | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | **1 2 3 4 5** |
| **Session 4: Problem-solving Workshops on Selected Topics** | |
| 1. I was interested in the session content. | **1 2 3 4 5** |
| 1. The session was relevant to my or my agency’s needs. | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session. | **1 2 3 4 5** |
| 1. Which small group discussion did you join? |  |
| **Overall Meeting** | |
| 1. As a whole, the meeting was a good use of my time. | **1 2 3 4 5** |
| 1. I was comfortable asking questions & contributing to discussion. | **1 2 3 4 5** |
| 1. I will be able to apply what I learned in this meeting to my work. | **1 2 3 4 5** |
|  |  |

**17. If you disagreed (2) or strongly disagreed (1) with any statements, please explain further.**

1. **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.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Presentations from grantees | **More time** | **About the same** | **Less time** |
| 1. Presentations led by guest speakers | **More time** | **About the same** | **Less time** |
| 1. Whole group discussion | **More time** | **About the same** | **Less time** |
| 1. Workshop/small group activities | **More time** | **About the same** | **Less time** |
| 1. Informal networking and discussion | **More time** | **About the same** | **Less time** |

**23. What aspects of the meeting did you find most useful?**

**24. What aspects did you find least useful?**

**25. Do you have any additional comments for the meeting organizers, including topics you wish had been covered more deeply?**

**26. Please indicate your role.**

**Thank you for your time!**

* Grantee CCDF lead agency staff
* Grantee external research partner