# [insert date and title] Annual Grantee Meeting Overall Meeting Feedback Form

**Public Burden Statement**: 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. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Anne Bergan, Office of Child Care Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street, SW, Suite 3014F, Washington, DC 2020.

Thank you for taking the time to help us improve the support we provide to you and your team!

Please contact Petra Smith [psmith@zerotothree.org](mailto:psmith@zerotothree.org) or Tara Chico-Jarillo [tchico-jarillo@zerotothree.or](mailto:tchico-jarillo@zerotothree.or) if you have questions or concerns.

**Use of Data:** Thank you for providing feedback about the effectiveness of the MIECHV annual grantee meeting (AGM). This form should take less than 6 minutes to complete. Your feedback provides valuable information to Technical Assistance (TA) centers, the Administration for Children and Families (ACF), and meeting planning committees. We analyze and review the results with rigor and incorporate your suggestions to continuously improve the meeting content and logistics. For example, because of your feedback we now select more interactive sessions and activities that provide more opportunities for deeper discussion with other grantees/awardees. Or, we now incorporate longer, more intensive working sessions that better meet adult learning styles and provide opportunities for applying knowledge and acquiring practical tools and resources.

**Please select your affiliation**

☐ MIECHV State Region or Territory           

☐ Tribal Home Visiting Program

☐ Other

**Please select the role that most closely aligns with your responsibilities related to the MIECHV project.**

|  |  |  |
| --- | --- | --- |
| Grantee Lead/Director/Coordinator  Grantee Data/Evaluation Staff  Grantee Program Staff/Consultant  Grantee Grants Management/Fiscal Staff | Federal Staff/Partner  Model Developer  National TA Provider  ECCS Coordinator/Staff | Home Visitor  Speaker  Other |

Please pick the 4 sessions that you found most helpful 

Length of Meeting: 

|  |  |
| --- | --- |
| **Meeting Grantee Needs:** Please indicate the degree to which the AGM | |
| Was relevant to your work | Choose an item. |
| Provided resources and strategies to support your home visiting/early childhood related efforts | Choose an item. |
| Enhanced your existing knowledge and/or skills | Choose an item. |
| Speakers/presenters demonstrated topic expertise | Choose an item. |
| Offered relevant meeting activities, sessions, and topics that met your current needs | Choose an item. |
| **Future Action:** Please indicate to what extent you plan to use what you learned or the resources you obtained. | |
| Share knowledge or skills with various stakeholders and other team members | Choose an item. |
| Make changes in policies, guidelines, procedures, or interagency agreements/contracts | Choose an item. |
| Make changes in the service delivery system for families | Choose an item. |
| Pursue additional technical assistance related to a topic featured during the AGM | Choose an item. |
| Learn more about a topic featured during the AGM | Choose an item. |
| **Past Action:** If you attended the previous AGM, please indicate to what extent you used what you learned and applied the tools and resources you obtained during the meeting. | |
| Applied what I learned to make changes in policies, guidelines, procedures, or interagency agreements/contracts | Choose an item. |
| Applied tools and resources to make changes in policies, guidelines, procedures, or interagency agreements/ contracts | Choose an item. |
| **Balance of Activity:** Please indicate to what extent the AGM provided a balance of activities: | |
| Felt there was sufficient time allocated for individual program agendas (either tribal or state and territory separate) | Choose an item. |
| Appropriate balance between activities, large group sessions, and breakout sessions | Choose an item. |
| Felt there was sufficient time allocated for joint agenda sessions, activities and networking (tribal, state and territory together) | Choose an item. |
| Felt there were sufficient formal and informal networking opportunities (Insert list activities offered during AGM) | Choose an item. |
| **Logistics:** Please indicate your overall ratings for the following: | |
| Comfortable and appropriate meeting space | Choose an item. |
| Comfortable and clean sleeping accommodations at the conference hotel | Choose an item. |
| Responsiveness of registration and meeting coordination staff | Choose an item. |
| Helpfulness and usability of the meeting App | Choose an item. |
| Ability to participate in individual TA sessions with respective TA providers. | Choose an item. |
| Helpfulness of the materials made available in advance of the meeting (meeting information, “know before you go” email, etc.) | Choose an item. |

What was the most helpful aspect of the AGM? 

What improvements can be made? 

What can we improve that would enable you to better apply learning or tools obtained at the meeting to your program?



Other comments: 

# [insert date and title] Annual Grantee Meeting Individual Session Feedback Form

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☐ MIECHV State Region or Territory           

☐ Tribal Home Visiting Program

☐ Other

**Please select the role that most closely aligns with your responsibilities related to the MIECHV project.**

|  |  |
| --- | --- |
| Grantee Lead/Director/Coordinator  Grantee Data/Evaluation Staff  Grantee Program Staff/Consultant  Grantee Grants Management/Fiscal Staff  Home Visitor  ECCS Coordinator/Staff | Federal Staff/Partner  Model Developer  National TA Provider  Speaker  Other |

**Please rate each session using the scale listed below**

|  |  |  |
| --- | --- | --- |
| Strongly Disagree  Disagree | Slightly Disagree  Slightly Agree | Agree  Strongly Agree |

| **Please indicate the degree** (enter rating 1, 2, 3, 4, 5 or 6 in the box) **to which the Plenary or Breakout session...** | Achieved intended objectives | Met your needs | Provided new information | Allotted time for questions and and/or quality discussion | Was well organized, engaging and effectively presented | Speaker(s) demonstrated topic expertise | Provided information you can apply to practice and/or enhanced your professional expertise |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Plenary: Date, title and presenter |  |  |  |  |  |  |  |
| Breakout Session: Date, title & presenter |  |  |  |  |  |  |  |
| Working session: Date, title and presenter |  |  |  |  |  |  |  |

What is one thing that you like best about the session? 

What is one thing that you would change? 

Other comments: 