

[insert date and title] Tribal Regional 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.

Use of Data: Thank you for providing feedback about the effectiveness of the Tribal MIECHV regional meeting. This form should take less than 6 minutes to complete. Your feedback provides valuable information to Technical Assistance (TA) centers, 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 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

- Home Visitor
- Consultant
- Other

| | |
|--|--|
| Meeting Grantee Needs: Please indicate the degree to which the Tribal regional meeting | |
| Was relevant to your work | |
| Provided resources and strategies to support your home visiting efforts | |
| Enhanced your existing knowledge and/or skills | |
| Speakers/presenters demonstrated topic expertise | |
| 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 | |
| Make changes in policies, guidelines, procedures, or interagency agreements/contracts | |
| Make changes in the service delivery system for families | |
| Pursue additional technical assistance related to a topic featured during the meeting | |
| Learn more about a topic featured during the meeting | |
| Logistics: Please indicate your overall ratings for the following: | |
| Comfortable and appropriate meeting space | |
| Comfortable and clean sleeping accommodations at the conference hotel | |
| Responsiveness of registration and meeting coordination staff | |

Ability to participate in individual TA sessions with respective TA providers.

What was the most helpful aspect of the meeting?

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] Tribal Regional Individual Session Feedback Form

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

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Grantee Lead/Director/Coordinator | <input type="checkbox"/> Home Visitor |
| <input type="checkbox"/> Grantee Data/Evaluation Staff | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Grantee Program Staff | <input type="checkbox"/> Other |

Please rate each session using the scale listed below

- | | | |
|--|--|---|
| <input type="checkbox"/> Strongly Disagree | <input type="checkbox"/> Slightly Disagree | <input type="checkbox"/> Agree |
| <input type="checkbox"/> Disagree | <input type="checkbox"/> Slightly Agree | <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breakout Session: Date, title & presenter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working session: Date, title and presenter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

What is one thing that you would change?

Other comments:
