In-Person Convening Child Care Policy Research Partnership Grantees Meeting Evaluation Form

Friday, March 27, 2020 - Liaison Washington Capitol Hill

Thank you for attending the CCPRP Grantee meeting! Please take a few minutes to provide feedback. Your responses will be used to shape future Community of Practice (CoP) meetings.

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

	Stro	ngly		Str	ongly
Session 1: Sharing Grantee Updates with Shannon	<u>Disa</u>	gree		A	<u>gree</u>
1. I felt this session was a good use of my time.	1	2	3	4	5
2. I am more aware of how my project goals relate to federal	1	2	3	4	5
policy interests.					
Session 2: Peer Working Group Session I					
3. Which peer working group did you join for Session I?					
4. I felt this session was a good use of my time.	1	2	3	4	5
5. I felt opportunities for collaboration became clearer.	1	2	3	4	5
Session 3: Making Information Useful to State Administrators					
6. I felt this session was a good use of my time.	1	2	3	4	5
7. I felt the discussions were helpful for my project.	1	2	3	4	5
Session 4: Peer Working Group Session II					
8. Which peer working group did you join for Session II?					
9. I felt this session was a good use of my time.	1	2	3	4	5
10. I felt opportunities for collaboration became clearer.	1	2	3	4	5
Session 5: Sampling and Recruitment					
11. I felt this session was a good use of my time.	1	2	3	4	5
12. I felt the discussions were helpful for my project.	1	2	3	4	5
Session 6: Next Steps					
13. I felt this session was a good use of my time.	1	2	3	4	5
14. I understand how the CoP will support the CCPRP grantees.	1	2	3	4	5
Reflecting on the Meeting as a whole					
15. Overall, I felt the meeting was a good use of my time.	1	2	3	4	5
16. I felt comfortable contributing to the discussion.	1	2	3	4	5
17. I will be able to apply what I learned in the meeting					
to my work.	1	2	3	4	5

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Oleac	e circle a response to indicate if you wo	auld have prefe	rred to spend more t	ime about the
	time, or less time on each of the follow		rred to spend more t	illie, about tile
i.	Grantee Updates	More time	About the same	Less time
ii.	Whole group discussion	More time	About the same	Less time
iii.	Peer working groups	More time	About the same	Less time
iv.	Planning next steps	More time	About the same	Less time
٧.	Informal networking and discussion	More time	About the same	Less time
=	ou have any additional comments for th		· · · · · · · · · · · · · · · · · · ·	-
=	ou have any additional comments for th covered more deeply? Topics you woul		· · · · · · · · · · · · · · · · · · ·	-
=	-		· · · · · · · · · · · · · · · · · · ·	-
peen	covered more deeply? Topics you woul		· · · · · · · · · · · · · · · · · · ·	-
Pleas	-		· · · · · · · · · · · · · · · · · · ·	-

18. If you disagreed (2) or strongly disagreed (1) with any statements above, please explain further:

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future meetings. Public reporting burden for this collection of information is estimated to average 5 minutes per response. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to jisaacs@urban.org.

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