

First Family & Youth Services Bureau Runaway and Homeless Youth Training & Technical Assistance Center

2019 Regional Meeting Evaluation

Thank you for your evaluation. In an effort to assess the quality and value of regional meetings for RHY grantees, FYSB and RHYTTAC ask that you respond to the following items. The information provided will be used to inform training and technical assistance and improve future meetings and learning events. Your participation is voluntary, and the information provided will be kept private.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Public reporting burden for this collection of information is estimated to average 5 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 control number for this project is 0970-0401. The control number expires on 05/31/2021.

1. For session: PREVENTION AND FAQ REVIEW

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got what I needed from this session.					
This session was a worthy investment of the time allotted.					
This session will change the way I do my work.					
I have what I need to effectively share the content from this session with staff of my RHY program(s).					
Please share any additional comments you have about	t this session.				

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strong disagre
I got what I needed from this session.					
This session was a worthy investment of the time allotted.					
This session will change the way I do my work.					
I have what I need to effectively share the content from this session with staff of my RHY program(s).			\bigcirc		
lease share any additional comments you have abou	at this session.				
3. For session: <u>RHY-HMIS</u>	Strongly agree	Somewhat agree	Neither agree	Somewhat disagree	Strong disagre
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This session was a worthy investment of the time allotted.					
This session will change the way I do my work.					
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This session will change the way I do my work.					
I have what I need to effectively share the content from this session with staff of my RHY program(s).					

. For that <u>BREAK-OUT</u> session:					
	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strong disagr
I got what I needed from this session.					
This session was a worthy investment of the time allotted.					
This session will change the way I do my work.					
I have what I need to effectively share the content from this session with staff of my RHY program(s).					
lease share any additional comments you have abo	ut tills session.				
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10. If so, for the <u>HUMAN TRA</u>	<u>FFICKING</u> Ses	Sion: Strongly	Somewhat	Neither agree	Somewhat	Strong
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Please share any additional commer	nts vou have ahou	t this session				
-lease share any additional commer	ils you nave abou	1 1115 56551011.				
11. Please check all FYSB RF	HY grants your	agency has	S.	l am not	t an RHY grante	ee
ВСР	TLP		S.	l am not	t an RHY grante	ee
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BCP SOP	TLP MGH	I		l am not	t an RHY grante	ee
BCP SOP	TLP MGH st describes you	I			t an RHY grante	ee
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BCP SOP 12. Which of the following bes Executive Leadership	TLP MGH st describes you Clinic	ı ur primary r cal Staff				ee
SOP 12. Which of the following bes Executive Leadership Program Leadership	TLP MGH st describes you Clinic	ı ur primary r cal Staff				ee
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BCP SOP 12. Which of the following best Executive Leadership Program Leadership Other (please specify)	TLP MGH St describes you Clinic Case	ur primary r cal Staff • Manager	ole?	Youth C		ee
BCP SOP 12. Which of the following best Executive Leadership Program Leadership Other (please specify) 13. How long has your organizations.	TLP MGF St describes you Clinic Case zation been an	ur primary r cal Staff Manager	ole?	Youth C	are Worker	
BCP SOP 12. Which of the following bes Executive Leadership Program Leadership Other (please specify) 13. How long has your organized Less than 2 years	TLP MGH St describes you Clinic Case zation been an 5 - 10	ur primary r cal Staff Manager RHY Grant O years	ole?	More that	are Worker an 15 years ım not an RHY (grantee
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15. Wha	at did you gain 1							
Abe	tter understanding	of federal expec	tations	N	ew connect	tions to colleagu	es in the RH	Y field
	etter understanding	of RHYTTAC se	rvices and how to		elpful ideas omeless yo	s or strategies fo outh	r effectively s	serving runaway
Bette	er relationship(s) w	ith Federal Proje	ct Officer(s)					
 Othe	er (please specify)							
46 11						I- f	4 (1) +	□ (-¦ -\ - +
16. HOW	7 would you rate	e your experie 2	nce at this regio	nai me 3	eting, on	a scale from	1 (low) to	5 (nign) stars 5
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17. Whi	ch format would	l work best fo	r future regional	meetin	as?			
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One	full day (1 day)	(one and a half	uays (1.5	uays)	more	than 1.5 day	5
		t valuable tak	e-aways from thi	is meet	ing?			
		t valuable tak	e-aways from th	is meet	ing?			
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19. Wha	·		o improve future			gs?		
19. Wha	·		·			gs?		
19. Wha	·		·			gs?		
19. Wha	·		·			gs?		
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