

2020 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.**

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform training and technical assistance and improve future meetings. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact info@rhyttac.net.*

1. Which Regional Meeting is being evaluated?

- Region I: Boston
- Region II: New York City
- Region III: Philadelphia
- Region IV: Atlanta
- Region V: Chicago
- Region VI: Dallas
- Region VII: Kansas City
- Region VIII: Denver
- Region IX: San Francisco
- Region X: Seattle

2. For session/topic: [Insert Session/Topic Title]

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got what I needed from this session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This session was a worthy investment of the time allotted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This session will change the way I do my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have what I need to effectively share the content from this session with staff of my RHY program(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any additional comments you have about this session.

3. For session/topic: [Insert Session/Topic Title]

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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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Please share any additional comments you have about this session.

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Please share any additional comments you have about this session.

5. For session/topic: [Insert Session/Topic Title]

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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I have what I need to effectively share the content from this session with staff of my RHY program(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any additional comments you have about this session.

6. Please check all FYSB RHY grants your agency has.

- BCP                       TLP                       I am not an RHY grantee  
 SOP                       MGH

7. Which of the following best describes your primary role?

- Executive Leadership                       Clinical Staff                       Youth Care Worker  
 Program Leadership                       Case Manager  
 Other (please specify)

8. How long has your organization been an RHY Grantee?

- Less than 2 years                       5 - 10 years                       More than 15 years  
 2 - 5 years                       10 - 15 years                       N/A - I am not an RHY grantee

9. Which category best describes the number of youth served in your RHY program(s) each year?

- fewer than 25                       50 to 99                       200 or more  
 25 to 49                       100 to 199

10. What did you gain from attending this meeting? (Please check ALL that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> A better understanding of federal expectations                    | <input type="checkbox"/> New connections to colleagues in the RHY field                                 |
| <input type="checkbox"/> A better understanding of RHYTTAC services and how to access them | <input type="checkbox"/> Helpful ideas or strategies for effectively serving runaway and homeless youth |
| <input type="checkbox"/> Better relationship(s) with Federal Project Officer(s)            |   |
| <input type="checkbox"/> Other (please specify)  |   |

11. How would you rate your experience at this regional meeting, on a scale from 1 (low) to 5 (high) stars?



12. What are your most valuable take-aways from this meeting?

13. What suggestions do you have to improve future regional meetings?

14. Please share needs or suggestions for future speakers or training topics.