Child Welfare Virtual Conference Sessions Survey: [Session Title]



PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on capacity building products and services to better meet the needs of child welfare professionals. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, 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 control number for this project is 0970-0501. The control number expires on xx/xx/xx. If you have any comments on this collection of information, please contact Roshanda Shoulders, ACF, Administration on Children, Youth and Families (ACYF) by e-mail at Roshanda. Shoulders@acf.hhs.gov.

Post Session Survey

The Capacity Building Collaborative is committed to continuously improving the relevance and utility of services provided. Please take a few minutes to provide your feedback on the [Session Title] session. Your comments will be incorporated into future activities planning and will help strengthen Capacity Building Collaborative services to better meet your needs. Your participation in this survey is entirely voluntary, and your responses will be reported anonymously. The survey should take about 5 minutes to complete. If you have any questions, please contact Christine Leicht, Capacity Building Center for States Evaluation Lead at Christine.Leicht@icfi.com.

Please indicate your agreement with the following statements.

	ase mulcate your agreement	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1.	As a result of my participation, [Insert session objective 1].	1	2	3	4	5	6	7
2.	As a result of my participation, [Insert session objective 2].	1	2	3	4	5	6	7
3.	As a result of my participation, [Insert session objective 3].	1	2	3	4	5	6	7
4.	As a result of the knowledge I gained through this session, I will be more effective in my work.	1	2	3	4	5	6	7
5.	The content of this session felt relevant to the values and context of my agency.	1	2	3	4	5	6	7
6.	The content of this session	1	2	3	4	5	6	7

	felt relevant to the values and context of the communities my agency serves.								
7.	The Transfer of Learning session helped me apply what I learned to my work.	1	2	3	4	5	6	7	
8.	I discovered new tools, ideas, and ways of thinking through the Transfer of Learning session.	1	2	3	4	5	6	7	
9.	The format of the session was engaging and made it easy to participate.	1	2	3	4	5	6	7	
	Please select the various ways hat apply).	s you plan to	o apply the	information t	from the sessio	n in your wo	rk (ched	ck	
[]5	Support program improvement			[] Grant writ	ting/Fundraising	1			
[] Support policy development				[] Train staff/colleagues					
[] Provide information to clients/families				[] Conduct research & evaluation					
[] Share with peers [] Support public awareness/advocacy				[] My own professional development (e.g., increased knowledge)					
11)	If you indicated that you plan to	use this in	nformation v	vith others, i	n what setting v	vill it be used	l?		

12) The sessions will be made available online after today.	Would you recommend the recorded video of
this session to another colleague?	

[] Yes [] No

[] Formal Training with Agency Staff

[] Informal Training with Agency Staff

[] Informal distribution of material to Agency Staff

[] Other: _____

[] Classroom/University

13) Please provide any comments you would like to share about this session: