**2019 MIECHV All Grantee - Meeting Feedback Form**

**February 26 – 28, 2019**

**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. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .08 hours 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 18N136B, Rockville, Maryland, 20857.

  **Please select your affiliation**

☐ MIECHV State Region or Territory           

☐ Tribal Home Visiting Program

☐ Other

**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/Consultant Grantee Grants Management/Fiscal Staff |  Federal Staff/Partner  Model Developer  National TA Provider  ECCS Coordinator/Staff |  Home Visitor Speaker  Other |

Please pick the4 sessions that you found most helpful 

 Length of Meeting: 

**Rating scale for the following close-ended questions (will be a drop down)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Not at all |  Very little |  Somewhat |  Quite a bit |  Very much |  N/A |

|  |
| --- |
| **Relevance:** Please indicate the degree to which the AGM |
| Was relevant to your work  |   |
| Provided resources and strategies to support your home visiting/early childhood related efforts  |   |
| Enhanced your existing knowledge and/or skills |   |
| **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 AGM |  |
| Learn more about a topic featured during the AGM |  |
| **Quality:** Please indicate your overall ratings for the following: |
| Usefulness of the AGM |  |
| Appropriate balance between large group sessions and breakout sessions |  |
| Felt there was sufficient time allocated for joint agenda sessions, activities and networking (tribal, state and territory together)  |  |
| Felt there was sufficient time allocated for individual program agendas (either tribal or state and territory separate)  |  |
| Speakers/presenters were knowledgeable  |  |
| **Networking Opportunities:** Please rate the effectiveness of the networking opportunities included throughout the meeting |
| Grantee Sharing Station Session afternoon of Day 1 |  |
| Affinity lunches on Day 3 |  |
| DC Night Tour |  |
| Other   |
| **Meeting Components:** Please indicate your overall ratings for the following: |
| Comfortable and appropriate meeting space |  |
| Comfortable and clean sleeping accommodations at conference hotel |  |
| Responsiveness of registration and meeting coordination staff |  |
| Helpfulness and usability of the meeting App  |  |
| Ability to participate in individual TA sessions with respective TA providers.  |  |
| Helpfulness of the materials made available in advance of the meeting (meeting information, know before you go email, etc.) |  |

What was the most helpful aspect of the AGM? 

What improvements can be made? 

Other comments: 