OMB Control No. 0915-0212 Expiration Date: 07/31/2021

## 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 wi	th your responsibilities related	I to the MIECHV project.	
Grantee Lead/Director/Coordinator	Federal Staff/Partner	Home Visitor	
Grantee Data/Evaluation Staff	Model Developer	Speaker	
Grantee Program Staff/Consultant	National TA Provider	Other	
Grantee Grants Management/Fiscal Staff	ECCS Coordinator/Staff		
Please pick the4 sessions that you found most helpful			
Length of Meeting:			
Rating scale for the following close-ended que	estions (will be a drop down)		
Not at all Very little Some	ewhat Quite a bit	Very much N/A	
Title at all the first terms of		,	
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 r	resources you obtained.	
Share knowledge or skills with various stakeholders and othe	r 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 follow	owing:		

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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 <u>separate</u> )			
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:			