2019 MIECHV All Grantee Meeting - Individual Session 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 .03 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  Home Visitor  ECCS Coordinator/Staff | Federal Staff/Partner  Model Developer  National TA Provider  Speaker  Other |

**Please rate each session using the scale listed below**

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

| **Please indicate the degree** (enter rating 1, 2, 3, 4 or 5 in the box) **to which the Plenary or Breakout session...** | Achieved intended objectives | Met your needs | Provided new information | Allotted time for questions and and/or quality discussion | Was well organized, engaging and effectively presented | Speaker(s) demonstrated topic expertise | Provided information you can apply to practice and/or enhanced your professional expertise |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Plenary: Date, title and presenter |  |  |  |  |  |  |  |
| Breakout Session: Date, title & presenter |  |  |  |  |  |  |  |

What is one thing that you like best about the session: 

What is one thing that you would change: 

Other comments: 