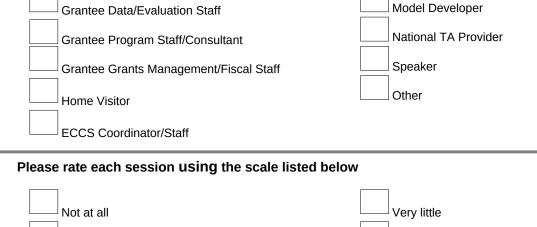
Expiration Date: 07/31/2021 2019 MIECHV All Grantee Meeting - Individual Session Feedback Form February 26 – 28, 2019

OMB Control No. 0915-0212

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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
□ Other				
Please select the role that most closely aligns with your responsibilities related to the MIECHV project.				
Grantee Lead/Director/Coordinator	Federal Staff/Partner			



Somewhat

Very much

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							

Quite a bit

What is one thing that you like best about the session:	
What is one thing that you would change:	
Other comments:	