Child Care and Early Education Policy Research Consortium Annual Meeting

April 17–18, 2019 • Grand Hyatt Hotel • Washington, DC

Overall Evaluation Form

This evaluation form can also be completed online at: [INSERT LINK TO SURVEY HERE]

Which professional perspective most closely reflects your current role/position? (Please select one)

❐ Researcher (*if selected, please indicate the research setting*)
  ❐ Academic
  ❐ Research Firm/Institution
  ❐ Federal, State, or Local Government
❐ Graduate Student

❐ State or Local Government
❐ Federal Government
❐ Training/Technical Assistance Organization
❐ Other: (For example, Foundation Staff or National Policy Organization Staff. Please specify)

Please check each day you attended.

❐ Wednesday, April 17, 2019   ❐ Thursday, April 18, 2019

Is this your first time attending CCEEPRC?
❐ Yes   ❐ No

Are you a current OPRE funded grantee or contractor?
❐ Yes   ❐ No

Overall Program

Please rate the statements using the following scale: *1=Poor, 2=Fair, 3=Good and 4=Excellent.*

	Poor	Fair	Good	Excellent
My overall impression of the meeting was: ………………….	1	2	3	4
The information discussed and provided was: ……………….	1	2	3	4
The presenters and moderators were: ………………………....	1	2	3	4
The plenary session topics were (*i.e. Welcome; Nontraditional hour care; Aligning programs for children and parents, Promoting equity; Leadership in ECE; Closing)*:..……..……...……...……..…………	1	2	3	4
The breakout session topics were: ………………………….....	1	2	3	4

1. **Did any of the presentations, discussions, and topics covered in this year's meeting challenge you to think about your work or interests in a different way? Please explain.**

   _____

   _____

   _____

2. **What topics would you like to see addressed or explored further in future meetings or in a different format? Please specify the topics and preferred format.**

_____

_____

3. **Which plenary and breakout sessions did you find most effective and why?**

_____

_____

4. **What can we improve for next time in terms of meeting content (e.g., topics, sessions, participants)?**

_____

_____

5. **What can we improve for next time in terms of meeting format (e.g., length of meeting, session format, new CCEEPRC communications system)?**

_____

_____

Opportunities for Networking
For each activity you participated in, please rate your overall impression using the following scale:
1=Poor, 2=Fair, 3=Good and 4=Excellent.

	Poor	Fair	Good	Excellent
Meet-and-Greet Reception (Wednesday evening)……………	1	2	3	4
Affinity Discussions during Extended Lunch (Thursday) …….…	1	2	3	4

6. **What can we improve for next time in terms of networking opportunities?**

_____

_____

Meeting Logistics
Please rate the statements using the following scale: *1=Poor, 2=Fair, 3=Good and 4=Excellent.*

	Poor	Fair	Good	Excellent
Overall meeting..	1	2	3	4
Time of year..	1	2	3	4
Location of hotel..	1	2	3	4

Hotel accommodations...1   2   3   4

Meeting registration process..1   2   3   4

Logistics staff assistance..1   2   3   4

Meeting materials...1   2   3   4

Use of the meeting website for resource-sharing.............................1   2   3   4

Use of the meeting app for resource-sharing...................................1   2   3   4

7. **If you rated any of the items above as *1=Poor* or *2=Fair,* please elaborate.**

_____

_____

_____

8. **What can we improve for next time in terms of meeting logistics?**

_____

_____

_____

9. **Do you have anything else that you would like to share?**

_____

_____

_____

Thank you for completing this Evaluation Form. Please return this completed form to the Registration Desk, e-mail it to CCEEPRC@icf.com or complete the evaluation online at: [INSERT LINK TO SURVEY HERE] .