

Attachment B

2019 Adolescent Pregnancy Prevention Grantee Conference Session Specific Survey

To assist us in planning for future conferences, please complete this evaluation form. We appreciate your attendance at this year's conference!

Please note that your participation in this survey is voluntary. Survey responses are anonymous and will be kept private. THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 control number for this project is 0970-0401. The control number expires on 05/31/2021.

Session Title: _____

Presenter(s): _____

Based on the presentation, how much do you agree or disagree with the statements below.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The presenters conveyed the information clearly.					
The presenters were knowledgeable about the subject matter.					
The workshop enhanced my knowledge in this topic area.					
I expect to use the information gained from this workshop in my job.					
Overall, the workshop met my expectations.					

Additional Comments: