

OMB Control Number: 0970-0401

Expiration Date: 5/31/2021

**PMFO Session Feedback Survey**

Thank you for participating in *[name of session]*. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary, and all feedback will be kept private. To further protect your privacy please refrain from including personally identifiable information in open-ended responses.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit".

When taking this survey, please think only about the *[name of session]* even if you attended other sessions during the conference.

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

*Public reporting burden for this collection of information is estimated to average approximately 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.*

**Q1. What is your primary organizational affiliation?**

* Head Start / Early Head Start grantee
* HS / EHS Childcare Partnership grantee
* Child care program (non-Head Start)
* Federal / Regional Office
* Regional Training / Technical Assistance Network
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q2. What is your primary role within your organization?**

* Director
* Assistant Director / Associate Director
* CFO
* Board of Directors / Tribal Council
* Manager / Coordinator
* Family Advocate / Family Services
* Policy Council
* Federal / Regional Office Staff (specify title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Regional Training / Technical Assistance Network Staff (specify title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q3. How many years have you served in this role?**

* Less than 1 year
* 1 to 4 years
* 5 to 9 years
* 10 or more years

**For the remaining questions, please think only about the *[name of session],* even if you attended multiple sessions at the event.**

**Q4. Please select your level of agreement with the following statements about the session:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
| The session deepened my knowledge of the topics presented. |  |  |  |  |  |
| The content of the session was relevant to my work. |  |  |  |  |  |
| The information presented was respectful, non-judgmental, and supportive of diverse populations (i.e., free from stereotypes or bias). |  |  |  |  |  |
| The content of the session was inclusive of diverse cultural experiences and backgrounds. |  |  |  |  |  |
| The session provided me with knowledge of available resources. |  |  |  |  |  |
| I learned something during this session that I plan to use in my work. |  |  |  |  |  |
| I plan to share the information received during the session with others. |  |  |  |  |  |

**Q5. Please let us know whether you found the content presented in this session to be too simple, too advanced, or just about right.**

* Far too advanced
* A bit too advanced
* About right
* A bit too simple
* Far too simple

**Q6. Before this session, my knowledge of the content/topics addressed can be best described as…**

* No knowledge
* Minimal knowledge
* Moderate knowledge
* A high level of knowledge

**Q7. After this session, my knowledge of the content/topics addressed can be best described as…**

* No knowledge
* Minimal knowledge
* Moderate knowledge
* A high level of knowledge

**Q8. Please identify one concept or skill you learned that you will use in your work.**

**Q9. Is there anything that you expected to learn in the session that you didn’t?**

**Q10. Please select your level of agreement with the following statements about the session's presenters and materials:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
| The presenter(s) were knowledgeable in the content area(s). |  |  |  |  |  |
| \*The presenter(s) were responsive to participants’ questions. |  |  |  |  |  |
| \*The presenter(s) were effective in engaging participants. |  |  |  |  |  |
| \*I found the presentation materials easy to read and understand. |  |  |  |  |  |
| \*The resources provided during the session were relevant and useful for my work. |  |  |  |  |  |
| The presenter(s) conveyed important constructs effectively. |  |  |  |  |  |

*\* Two of these four items will be randomly chosen for each participant using our survey program’s random question generator.*

**Q11. I was satisfied with the overall quality of this session.**

* Strongly agree
* Agree
* Disagree
* Strongly disagree

**Q12.** [For those who disagree or strongly disagree] **What about the session detracted from your satisfaction?**

**Q13. Would you recommend this session to your peers?**

* Yes
* Yes, with reservations
* No

Q14. How could this session be more inclusive of or responsive to diverse audiences?

**Q15. Other comments:**