Facilitator Instructions: Meeting Evaluation Form

(These instructions will be shared near close of final session on Friday, \sim 1:50 pm and accompany the CCPRP Meeting Evaluation Form Dec 19).

I'd like to draw your attention to the Evaluation Form that is in the right-hand pocket of your folder. Filling out this evaluation form is completely voluntary. If you choose to complete it, the feedback you provide will be used to shape future meetings so that they are of greatest relevance and use to you. Please turn in your forms to Peter Willenborg, or put them in this box. Thanks.

OMB Control #:0970-0401 Expiration Date: 05/31/2021

In-Person Convening Child Care Policy Research Partnership Grantees Meeting Evaluation Form

Thursday, December 5 - Friday, December 6, 2019 - Urban Institute

Thank you for attending the CCPRP Grantee meeting! Please take a few minutes to provide feedback. Your responses will be used to shape future Community of Practice (CoP) meetings.

Please circle a number to indicate whether you agree or disagree with each statement.

1=Strongly Disagree 2=Disagree 3=Neither Agree Nor Disagree 4=Agree 5=Strongly Agree

		Strongly			Strongly	
		<u>Disagree</u>			<u>Agree</u>	
1. I felt this session was a good use of my time.	1	2	3	4	5	
2. I am more aware of how my project goals relate to federal	1	2	3	4	5	
policy interests.						
Session 2: Research Approaches on the 11 projects						
3. I felt this session was a good use of my time.	1	2	3	4	5	
4. My knowledge or awareness of project similarities increased.	1	2	3	4	5	
Session 3: Working lunch						
5. I felt this session was a good use of my time.	1	2	3	4	5	
6. My knowledge or awareness or project similarities increased.	1	2	3	4	5	
Session 4: Plans for Community of Practice						
7. I felt this session was a good use of my time.	1	2	3	4	5	
8. I was comfortable contributing to the discussion.	1	2	3	4	5	
Session 5a: Peer Working Group Session I						
9. Which peer working group did you join for Session I?						
10. I felt this session was a good use of my time.	1	2	3	4	5	
11. I felt opportunities for collaboration became clearer.	1	2	3	4	5	
12. I felt the structure of the conversation was helpful.	1	2	3	4	5	
13. I felt the discussions were helpful for my project.	1	2	3	4	5	
Session 5b: Peer Working Group Session II						
14. Which peer working group did you join for Session II?						
15. I felt this session was a good use of my time.	1	2	3	4	5	
16. I felt opportunities for collaboration became clearer.	1	2	3	4	5	
17. I felt the structure of the conversation was helpful.	1	2	3	4	5	
18. I felt the discussions were helpful for my project .	1	2	3	4	5	
Session 6: Plans for Dissemination						
19. I felt this session was a good use of my time.	1	2	3	4	5	
20. I was comfortable contributing to the discussion.	1	2	3	4	5	
21. I have more ideas for disseminating my work.	1	2	3	4	5	

OMB Control #:0970-0401 Expiration Date: 05/31/2021

	ng on the Meeting as a whole						
2. I feel	I had adequate time to:						
i.	Share and discuss my project with oth	ers.	1	2	3	4	5
ii.	Learn about other projects.		1	2	3	4	5
iii.	Share my opinions on the CoP.		1	2	3	4	5
iv.	Meet and speak with other grantees.		1	2	3	4	5
. I und	lerstand how the CoP will support the CC	PRP grantees.	1	2	3	4	5
. I am	leaving the meeting with ideas for cross-	project	1	2	3	4	5
colla	boration.						
	se circle a response to indicate if you wo e time, or less time on each of the follow	-	rred to	spend	more t	ime, ab	out th
i.	Presentations from grantees	More time	Abo	ut the s	ame	Less time	
١.			About the same About the same			Less time	
ii.	Presentations from OCC	More time	Abo	ut the s	ame	Less	time
	Presentations from OCC Whole group discussion	More time More time		ut the s ut the s			time
ii.			Abo		ame	Less	
ii. iii.	Whole group discussion	More time	Abo Abo	ut the s	ame ame	Less Less	time
ii. iii. iv.	Whole group discussion Peer working groups	More time More time	Abo Abo Abo	ut the s ut the s	ame ame ame	Less Less Less	time time
ii. iii. iv. v. vi.	Whole group discussion Peer working groups Small group activities	More time More time More time More time	Abo Abo Abo	ut the s ut the s ut the s	ame ame ame	Less Less Less	time time time
ii. iv. v. vi. 7. Wha	Whole group discussion Peer working groups Small group activities Informal networking and discussion	More time More time More time More time ost useful?	Abo Abo Abo	ut the s ut the s ut the s	ame same same	Less Less Less	time time time
ii. iv. v. vi. Wha been	Whole group discussion Peer working groups Small group activities Informal networking and discussion t aspects of the meeting did you find mo	More time More time More time More time ost useful?	Abo Abo Abo	ut the s ut the s ut the s ut the s	ing topi	Less Less Less	time time time

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future meetings. Public reporting burden for this collection of information is estimated to average 5 minutes per response. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to jisaacs@urban.org.

OMB Control #:0970-0401 Expiration Date: 05/31/2021