Child Care and Early Education Policy Research Consortium Annual Meeting

March 25-26, 2020 • Liaison Capitol Hill 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, March 25, 2020   ❒ Thursday, March 26, 2020

Is this your first time attending CCEEPRC?

❒ Yes   ❒ No

If no, how many times have you attended CCEEPRC prior to this year?

[Drop down menu: 1-25]

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
Overall, 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. 2019 NSECE; High Quality Child Care: Who Pays?; Measuring the Impact of CCDBG Reauthorization*):..……..……..……..…….. …………	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 inspire 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, CCEEPRC communications system)?**

Making Connections and Networking
For each activity you participated in, please rate your impression of these activities using the following scale: *1=Poor, 2=Fair, 3=Good and 4=Excellent.*

	Poor	Fair	Good	Excellent	N/A
Meeting planning process with Consortium members	1	2	3	4	
Meet-and-Greet Reception (Wednesday evening)	1	2	3	4	
Affinity Discussions during Extended Lunch (Thursday)	1	2	3	4	
Breakout sessions	1	2	3	4	

6. **What can we improve to help you make or strengthen connections with other projects and Consortium members?**

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

	Poor	Fair	Good	Excellent	N/A
Use of the meeting website	1	2	3	4	
Meeting registration process	1	2	3	4	
Use of the meeting app	1	2	3	4	
Location of hotel	1	2	3	4	
Time of year	1	2	3	4	
Meeting space (e.g. session rooms, exhibit hall)	1	2	3	4	
Hotel accommodations (e.g. guest rooms, hotel amenities)	1	2	3	4	
Logistics staff assistance	1	2	3	4	
Presentation technology	1	2	3	4	
Meeting materials (e.g. agenda, ACF project information)	1	2	3	4	

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

_____

_____

_____

8. Did you use the meeting app? What was your experience accessing information about the meeting with or without the app?

_____

_____

_____

9. Is there anything else that you would like to share about how we can improve the meeting?

_____

_____

_____

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].