

**Attachment B**

**2020 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.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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: