

## Attachment C

### 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.

**Please indicate the extent to which you agree or disagree with the following statements.**

**What did you think of the *Opening/Closing Session with [Opening/Closing Session Speaker Name]*?**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>
1. The presenter conveyed the information clearly.						
2. The presenter was knowledgeable about the subject matter.						
3. The information presented was useful and applicable to my work.						
4. The session generated thoughtful discussion.						
5. The session motivated me to receive additional training or information on the topic presented.						