**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]*?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | N/A |
| 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. |  |  |  |  |  |  |