**Community of Practice (CoP) In-Person Meeting**

**CCDBG Implementation Research and Evaluation Planning Grantees**

**Meeting Evaluation Form**

Tuesday, March 24, 2020– Liaison Capitol Hill DC

Thank you for attending today’s meeting! Please take a few minutes to provide feedback.
Your responses will be used to shape future CoP meetings.

1. **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

|  |  |
| --- | --- |
| **Session 1: Grantee Updates and Peer Support** |  **Strongly ------------ Strongly Disagree Agree** |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **Session 2: Sharing Findings with Policy Makers** |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **Session 3: Data Walk – Sharing Emerging Findings with OCC** |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **Session 4: Problem-Solving Small Group Workshops on Selected Topics** |
| 1. Which small group discussion did you join?
 |  |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. My knowledge or skills have increased as a result of the session.
 | **1 2 3 4 5** |
| **Session 5: Plans for the CoP**  |
| 1. I was interested in the session content.
 | **1 2 3 4 5** |
| 1. I felt this session was a good use of my time.
 | **1 2 3 4 5** |
| **Overall Meeting** |
| 1. As a whole, the meeting was a good use of my time.
 | **1 2 3 4 5** |
| 1. I was comfortable asking questions & contributing to discussion.
 | **1 2 3 4 5** |
| 1. I will be able to apply what I learned in this meeting to my work.
 | **1 2 3 4 5** |
|  |  |

**17. If you disagreed (2) or strongly disagreed (1) with any statements, please explain further.**

1. **Please circle a response to indicate if you would have preferred to spend more time, about the same amount of time, or less time on each of the following.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Presentations from grantees
 | **More time** | **About the same** | **Less time** |
| 1. Presentations led by guest speakers
 | **More time** | **About the same** | **Less time** |
| 1. Whole group discussion
 | **More time** | **About the same** | **Less time** |
| 1. Workshop/small group activities
 | **More time** | **About the same** | **Less time** |
| 1. Informal networking and discussion
 | **More time** | **About the same** | **Less time** |

**23. What aspects of the meeting did you find most useful?**

**24. What aspects did you find least useful?**

**25. Do you have any additional comments for the meeting organizers, including topics you wish had been covered more deeply?**

**26. Please indicate your role.**

**Thank you for your time!**

* Grantee CCDF lead agency staff
* Grantee external research partner