## 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.

## A. 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

ession 1: Grantee Updates and Peer Support		Strongly <u>Disagree</u>			Strongly Agree	
1. I was interested in the session content.	1	2	3	4	5	
2. My knowledge or skills have increased as a result of the session.	1	2	3	4	5	
Session 2: Sharing Findings with Policy Makers						
3. I was interested in the session content.	1	2	3	4	5	
4. My knowledge or skills have increased as a result of the session.		2	3	4	5	
Session 3: Data Walk - Sharing Emerging Findings with OCC						
5. I was interested in the session content.	1	2	3	4	5	
6. 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	<u> </u>					
7. Which small group discussion did you join?			_			
8. I was interested in the session content.	1	2	3	4	5	
9. My knowledge or skills have increased as a result of the session.	1	2	3	4	5	
Session 5: Plans for the CoP						
10. I was interested in the session content.	1	2	3	4	5	
11. I felt this session was a good use of my time.	1	2	3	4	5	
Overall Meeting						
12. As a whole, the meeting was a good use of my time.	1	2	3	4	5	
13. I was comfortable asking questions & contributing to discussion.	1	2	3	4	5	
14. 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 disagree	ed (1) with any sta	tements, please expla	in further.
8. Please circle a response to indicate if yo same amount of time, or less time on e			time, about the
8. Presentations from grantees	More time	About the same	Less time
9. Presentations led by guest speakers	More time	About the same	Less time
D. Whole group discussion	More time	About the same	Less time
1. Workshop/small group activities	More time	About the same	Less time
2. Informal networking and discussion	More time	About the same	Less time
4. What aspects did you find least useful?			
5. Do you have any additional comments	for the meeting o	rganizers, including to	pics you wish ha
been covered more deeply?			

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future meetings. Public reporting burden for this collection of information is estimated to average 5 minutes per response. 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 OMB number and expiration date for this collection are OMB #: 0970-0401, Exp: 5/31/2021. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to jisaacs@urban.org.

Expiration Date: 3/31/2018