

Appendix A

OMB Control No. 0970-0401
Expiration Date: 05/31/2021

[insert date and title] AGM Overall Meeting Feedback Form

Public Burden Statement: 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 control number for this project is 0970-0401. Public reporting burden for this collection of information is estimated to an average of 6 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Anne Bergan, Office of Child Care, Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street SW, Suite 3014F, Washington, DC 20024.

Use of Data: Thank you for providing feedback about the effectiveness of the MIECHV grantee meeting. This form should take less than 6 minutes to complete. Your feedback provides valuable information to TA centers, ACF, and meeting planning committees. We analyze and review the results with rigor and incorporate your suggestions to continuously improve the meeting content and logistics. For example, because of your feedback we now select more interactive sessions and activities that provide more opportunities for deeper discussion with other grantees/awardees. Or we now incorporate longer, more intensive working sessions that better meet adult learning styles and provide opportunities for applying knowledge practical tools and resources.

Please select your affiliation

- MIECHV State Region or Territory
- Tribal Home Visiting Program
- Other

Please select the role that most closely aligns with your responsibilities related to the MIECHV project.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Grantee Lead/Director/Coordinator | <input type="checkbox"/> Federal Staff/Partner | <input type="checkbox"/> Home Visitor |
| <input type="checkbox"/> Grantee Data/Evaluation Staff | <input type="checkbox"/> Model Developer | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Grantee Program Staff/Consultant | <input type="checkbox"/> National TA Provider | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grantee Grants Management/Fiscal Staff | <input type="checkbox"/> ECCS Coordinator/Staff | |

Please pick the 4 sessions that you found most helpful

Length of Meeting:

Meeting Grantee Needs: Please indicate to what extent you agree that the meeting:	
Was relevant to your work	<input type="text"/>

Provided resources and strategies to support your home visiting/early childhood related efforts	<input type="text"/>
Enhanced your existing knowledge and/or skills	<input type="text"/>
Provided speakers/presenters who demonstrated topic expertise	<input type="text"/>
Offered relevant meeting activities, sessions, and topics that met your current needs	<input type="text"/>
Future Action: Please indicate to what extent you agree that you plan to use what you learned or the resources you obtained.	
Share knowledge or skills with various stakeholders and other team members	<input type="text"/>
Make changes in policies, guidelines, procedures, or interagency agreements/contracts	<input type="text"/>
Make changes in the service delivery system for families	<input type="text"/>
Pursue additional technical assistance related to a topic featured during the meeting	<input type="text"/>
Learn more about a topic featured during the meeting	<input type="text"/>
Past Action: If you attended the previous meeting, please indicate to what extent you agree that you used what you learned/applied the tools and resources you obtained during the meeting.	
Applied what I learned to make changes in policies, guidelines, procedures, or interagency agreements/contracts	<input type="text"/>
Applied tools and resources to make changes in policies, guidelines, procedures, or interagency agreements/contracts	<input type="text"/>
Balance of Activity: Please indicate to what extent you agree the meeting provided a balance of activities.	
Felt there was sufficient time allocated for individual program agendas (either tribal or state and territory separate)	<input type="text"/>
Felt there was an appropriate balance between activities, large group sessions, and breakout sessions	<input type="text"/>
Felt there was sufficient time allocated for joint agenda sessions, activities, and networking (tribal, state and territory together)	<input type="text"/>
Felt there were sufficient formal and informal networking opportunities (Insert list activities offered during the meeting)	<input type="text"/>
Logistics: Please indicate to what extent you agree that the meeting organizers arranged for comfortable accommodations and logistical assistance.	
Comfortable and appropriate meeting space	<input type="text"/>
Comfortable with easy to use meeting technology	<input type="text"/>
Comfortable and clean sleeping accommodations at the hotel	<input type="text"/>
Responsive registration and meeting coordination staff	<input type="text"/>
A meeting app that was helpful and usable	<input type="text"/>
The ability to participate in individual TA sessions with respective TA providers	<input type="text"/>
Helpfulness of materials made available in advance of the meeting (e.g., meeting information, "Know Before You Go" email, etc.)	<input type="text"/>

What was the most helpful aspect of the meeting?

What improvements can be made?

What can we improve that would enable you to better apply learning or tools obtained at the meeting to your program?

Other comments:

Appendix B

OMB Control No. 0970-0401
Expiration Date: 05/31/2021

[insert date and title] AGM Individual Session Feedback Form

Public Burden Statement: 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 control number for this project is 0970-0401. Public reporting burden for this collection of information is estimated to an average of 6 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Anne Bergan, Office of Child Care, Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street SW, Suite 3014F, Washington, DC 20024.

Use of Data: Thank you for providing feedback about the effectiveness of the sessions MIECHV grantee meeting. This form should take less than 6 minutes to complete. Your feedback provides valuable information to TA centers, ACF and meeting planning committees. We analyze and review the results with rigor and incorporate your suggestions to continuously improve the meeting content and logistics. For example, because of your feedback we now plan more interactive sessions and activities that provide more opportunities for deeper discussion with other grantees/awardees. Or we now incorporate longer, more intensive working sessions that better meet adult learning styles and provide opportunities for applying knowledge practical tools and resources.

Please select your affiliation

- MIECHV State Region or Territory
- Tribal Home Visiting Program
- Other

Please select the role that most closely aligns with your responsibilities related to the MIECHV project.

- | | |
|---|--|
| <input type="checkbox"/> Grantee Lead/Director/Coordinator | <input type="checkbox"/> Federal Staff/Partner |
| <input type="checkbox"/> Grantee Data/Evaluation Staff | <input type="checkbox"/> Model Developer |
| <input type="checkbox"/> Grantee Program Staff/Consultant | <input type="checkbox"/> National TA Provider |
| <input type="checkbox"/> Grantee Grants Management/Fiscal Staff | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Other |
| <input type="checkbox"/> ECCS Coordinator/Staff | |

Please rate each session using the scale listed below

Strongly Disagree
 Disagree

Slightly Disagree
 Slightly Agree

Agree
 Strongly Agree

Please indicate the degree (enter rating 1, 2, 3, 4, 5 or 6 in the box) to which the Plenary or Breakout session...	Achieved intended objectives	Met your needs	Provided new information	Allotted time for questions and/or quality discussion	Was well organized, engaging and effectively presented	Speaker(s) demonstrated topic expertise	Provided information you can apply to practice and/or enhanced your professional expertise
Plenary: Date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakout Session: Date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working session: Date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is one thing that you liked best about the session?

What is one thing that you would change?

Other comments:

Appendix C

OMB Control No. 0970-0401
Expiration Date: 07/31/2022

[Insert date and title] Virtual AGM Overall Meeting Feedback Form

Public Burden Statement: 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 control number for this project is 0970-0401. Public reporting burden for this collection of information is estimated to an average of 6 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Anne Bergan, Office of Child Care, Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street SW, Suite 3014F, Washington, DC 20024.

Thank you for taking the time to help us improve the support we provide to you and your team!

Please contact Petra Smith psmith@zerotothree.org or Tara Chico-Jarillo tchico-jarillo@zerotothree.org if you have questions or concerns.

Use of Data: Thank you for providing feedback about the effectiveness of the MIECHV all grantee meeting (AGM). This form should take less than 6 minutes to complete. Your feedback provides valuable information to Technical Assistance (TA) centers, the Administration for Children and Families (ACF), and meeting planning committees. We analyze and review the results with rigor and incorporate your suggestions to improve the meeting content and logistics continuously. For example, we now select more interactive sessions and activities that provide more opportunities for more in-depth discussions with other grantees/awardees because of your feedback. Or we now incorporate longer, more intensive working sessions that better meet adult learning styles and provide opportunities for applying knowledge and acquiring practical tools and resources.

Please select your affiliation

- MIECHV State Region or Territory
- Tribal Home Visiting Program
- Other

Please select the role that most closely aligns with your responsibilities related to the MIECHV project.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Grantee Lead/Director/Coordinator | <input type="checkbox"/> Federal Staff/Partner | <input type="checkbox"/> Home Visitor |
| <input type="checkbox"/> Grantee Data/Evaluation Staff | <input type="checkbox"/> Model Developer | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Grantee Program Staff/Consultant | <input type="checkbox"/> National TA Provider | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grantee Grants Management/Fiscal Staff | <input type="checkbox"/> ECCS Coordinator/Staff | |

Please pick the four sessions that you found most helpful

Length of Meeting:

Meeting Grantee Needs: Please indicate to what extent you agree that the meeting:	
Was relevant to your work	<input type="text"/>
Provided resources and strategies to support your home visiting/early childhood related efforts	<input type="text"/>
Enhanced your existing knowledge and/or skills	<input type="text"/>
Provided speakers/presenters who demonstrated topic expertise	<input type="text"/>
Offered relevant meeting activities, sessions, and topics that met your current needs	<input type="text"/>
Future Action: Please indicate to what extent you agree that you plan to use what you learned or the resources you obtained.	
Share knowledge or skills with various stakeholders and other team members	<input type="text"/>
Make changes in policies, guidelines, procedures, or interagency agreements/contracts	<input type="text"/>
Make changes in the service delivery system for families	<input type="text"/>
Pursue additional technical assistance related to a topic featured during the meeting	<input type="text"/>
Learn more about a topic featured during the meeting	<input type="text"/>
Past Action: If you attended the previous meeting, please indicate to what extent you agree that you used what you learned/applied the tools and resources you obtained during the meeting.	
Applied what I learned to make changes in policies, guidelines, procedures, or interagency agreements/contracts	<input type="text"/>
Applied tools and resources to make changes in policies, guidelines, procedures, or interagency agreements/contracts	<input type="text"/>
Balance of Activity: Please indicate to what extent you agree that the meeting provided a balance of activities.	
Felt there was sufficient time allocated for individual program agendas (either tribal or state and territory <u>separate</u>)	<input type="text"/>
Felt there was an appropriate balance between activities, large group sessions, and breakout sessions	<input type="text"/>
Felt there was sufficient time allocated for joint agenda sessions, activities, and networking (tribal, state, and territory <u>together</u>)	<input type="text"/>
Felt there were sufficient formal and informal networking opportunities (Insert list activities offered during the meeting)	<input type="text"/>
Logistics: Please indicate to what extent you agree that the meeting organizers arranged for comfortable accommodations and logistical assistance.	
Comfortable with easy to use meeting technology	<input type="text"/>
Responsive registration and meeting coordination staff	<input type="text"/>
Helpful materials made available in advance of the meeting (meeting information, “Know Before You Go” email, etc.)	<input type="text"/>

What was the most helpful aspect of the meeting?

What improvements can be made?

What can we improve that would enable you to better apply learning or tools obtained at the meeting to your program?

Other comments:

Appendix D

OMB Control No. 0970-0401
Expiration Date: 07/31/2022

[insert date and title] Virtual Individual Session Feedback Form

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| <input type="checkbox"/> Grantee Data/Evaluation Staff | <input type="checkbox"/> Model Developer |
| <input type="checkbox"/> Grantee Program Staff/Consultant | <input type="checkbox"/> National TA Provider |
| <input type="checkbox"/> Grantee Grants Management/Fiscal Staff | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Other |
| <input type="checkbox"/> ECCS Coordinator/Staff | |

Please rate each session using the scale listed below

Strongly Disagree
 Disagree

Slightly Disagree
 Slightly Agree

Agree
 Strongly Agree

Please indicate the degree (enter rating 1, 2, 3, 4, 5 or 6 in the box) to which the Plenary or Breakout session...	Achieved intended objectives	Met your needs	Provided new information	Allotted time for questions and/or quality discussion	Was well organized, engaging and effectively presented	Speaker(s) demonstrated topic expertise	Provided information you can apply to practice and/or enhanced your professional expertise
Plenary: Date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakout Session: Date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working session: Date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is one thing that you liked best about the session?

What is one thing that you would change?

Other comments:

