**Appendix A**

OMB Control No. 0970-0401

Expiration Date: 05/31/2021

**PATH Technical Assistance Immediate Feedback Form**

(administered after each TA occurrence)

**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 TA you received. This form should take approximately 6 minutes to complete. Your feedback provides valuable information about the effectiveness of the TA provided by PATH. We analyze and review the results with rigor and incorporate your suggestions to continuously improve the quality of TA.

**Please select the role that most closely aligns with your responsibilities related to the Tribal Home Visiting project.**

|  |  |
| --- | --- |
| Grantee Lead/Director/Coordinator  Grantee Data/Evaluation Staff  Grantee Program Staff/Consultant | Grantee Grants Management/Fiscal Staff  Home Visitor |

**Please rate items 1-6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TA met my needs | | | | |
| 1. This TA effectively met your needs. | Choose an item. | 1. This TA provided productive ways of learning. | Choose an item. |
| 1. This TA was engaging. | Choose an item. | 1. TA on this topic was delivered at a time when it was relevant for your program. | Choose an item. |
| 1. This TA met the intended goals/objectives. | Choose an item. | 1. TA offered options for next steps, ideas, or action items that can be applied soon. | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. TA facilitated new learning in the following areas: | | 1. I am planning on applying what I learned in the following areas: | |
| 1. Tribal/Organizational Leadership Support, Governance, and Administration | Choose an item. | 1. Tribal/Organizational Leadership Support, Governance, and Administration | Choose an item. |
| 1. Quality Workforce | Choose an item. | 1. Quality Workforce | Choose an item. |
| 1. Fidelity Monitoring / Model Fidelity | Choose an item. | 1. Fidelity Monitoring / Model Fidelity | Choose an item. |
| 1. Community and Partner Engagement | Choose an item. | 1. Community and Partner Engagement | Choose an item. |
| 1. Recruitment, Enrollment, and Engagement of Families | Choose an item. | 1. Recruitment, Enrollment, and Engagement of Families | Choose an item. |
| 1. Dissemination | Choose an item. | 1. Dissemination | Choose an item. |
| 1. Early Childhood Systems Building | Choose an item. | 1. Early Childhood Systems Building | Choose an item. |
| 1. Policies and Procedures | Choose an item. | 1. Policies and Procedures | Choose an item. |
| 1. Sustainability | Choose an item. | 1. Sustainability | Choose an item. |
| 1. Other topics (as applicable) | Choose an item. | 1. Other topics (as applicable) | Choose an item. |
| (7) Other feedback |  | | |