Community-Based Child Abuse Prevention Program
Annual Grantee Meeting
[Date of Grantee Meeting]

kmlok

The following questions ask for your feedback related to the presentations and sessions for **DAY 1** of the Annual Grantee Meeting.

Please indicate the response that best represents your opinion for each item.

How useful was the plenary session [Name of Plenary Session] for your work?

Not at all useful	Slightly Useful	Moderately useful	Very useful	Extremely useful	Did not attend
☐	☐	☐	☐	☐	☐

How useful was the poster session for your work?

Not at all useful	Slightly Useful	Moderately useful	Very useful	Extremely useful	Did not attend
☐	☐	☐	☐	☐	☐

Please indicate which breakout session you attended:

- ☐ [Name of Breakout session1]
- ☐ [Name of Breakout session 2]
- ☐ [Name of Breakout session 3]

Please indicate the response that best represents your opinion about the breakout session you attended.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The presenter(s) had a thorough knowledge of the subject.	☐	☐	☐	☐	☐
The session provided information relevant to the Grantee Meeting.	☐	☐	☐	☐	☐
I understood the material presented.	☐	☐	☐	☐	☐
My knowledge on the subject increased as a result of the session.	☐	☐	☐	☐	☐
I left the session with something I can implement in my job or state.	☐	☐	☐	☐	☐
Overall, I was satisfied with the session.	☐	☐	☐	☐	☐

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather information from discretionary grantees on their meeting experience. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact Julie Fliss at Julie.fliss@acf.hhs.gov.

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This form was completed by:

☐	State CBCAP Lead	☐	CBCAP Local Program	☐	CBCAP Tribal/Migrant Programs
☐	Parent Leader/Caregiver	☐	Other State CBCAP Staff	☐	Other (Specify): _______________

Comments/Suggestions: