

[Name of the Event]

The following questions are related to the [Name of the Topic] in which you just participated. This brief survey provides an opportunity for you to give feedback to FRIENDS, which will help FRIENDS with the continuous development of these T/TA services. Please take 5 minutes to respond to this survey.

This is an anonymous survey. No one at FRIENDS will see your individual responses, and you will not be identified by your answers. Your responses will be combined with the responses of other CBCAP leads, and the results will be summarized for FRIENDS by an independent, external evaluator.

Thank you for taking the time to complete the survey.

Please enter the details of the discussion in which you participated.

Date of discussion _____

Your state _____

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.

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The presentation and materials were of high quality.	0	0	0	0	0
The information presented was easy to understand.	0	0	0	0	0
Handouts, web links, visual aids, and other resources were used effectively.	0	0	0	0	0
The content was relevant to my program or job.	0	0	0	0	0
The content will help me improve child abuse prevention practices or services in my state.	0	0	0	0	0
Overall, this discussion was effective.	0	0	0	0	0

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

	No Understanding	Minimal Understanding	Moderate Understanding	High Understanding	Advanced Understanding
Please rate your understanding of the subject matter PRIOR to participating in this discussion.	0	0	0	0	0
Please rate your understanding of the subject matter AFTER participating in this discussion.	0	0	0	0	0

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

	No Ability	Minimal Ability	Moderate Ability	High Ability	Advanced Ability
Please rate your ability to use the resources or apply the skills discussed PRIOR to participating in this discussion.	0	0	0	0	0
Please rate your ability to use the resources or apply the skills discussed AFTER participating in this discussion.	0	0	0	0	0

What elements of the [name of the topic or event] were most useful?

What could be improved in the future?
