

# FACJJ MEETING FEEDBACK FORM

Thank you for participating in the FACJJ Meeting supported by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Training and Technical Assistance Center (NTTAC). To better serve you, we would like to know how satisfied you are with the quality of the meeting in which you just participated. Your feedback is indispensable in our ongoing efforts to improve the support that OJJDP provides. Your participation is completely voluntary.

**Meeting Title/TA#:** pre-printed information

**Date(s):** pre-printed information

**OJJDP NTTAC Coordinator:** pre-printed information

**Please click the number that best represents your rating for this FACJJ Meeting for each of the following questions.**

1. Overall, was this was an effective way to conduct a FACJJ Meeting?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Very Ineffective</i>	<i>Ineffective</i>	<i>Neither Effective Nor Ineffective</i>	<i>Effective</i>	<i>Very Effective</i>

2. Did the facilitator/presenter(s) effectively move through the FACJJ Meeting agenda?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Very Ineffective</i>	<i>Ineffective</i>	<i>Neither Effective Nor Ineffective</i>	<i>Effective</i>	<i>Very Effective</i>

**Please click the number that best represents the extent to which you agree or disagree with the following statements about the FACJJ Meeting.**

FACJJ MEETING	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strong Agree
3. The time allotted was appropriate for adequately meeting the FACJJ Meeting goals.	1	2	3	4	5
4. Appropriate instructions were given on how to manage the technology used.	1	2	3	4	5
5. The technology enabled interaction and collaboration with others.	1	2	3	4	5

6. What did you think of the *< insert activity, event, resource, presenter >* and was/did it *<insert event specific language (e.g., conducive to your meeting participation, improve the utility of the meeting, help you in moving forward, etc.)>*?

7. What suggestions do you have for making future FACJJ Meetings better?

8. Optional: Please provide comments on *<insert portion of meeting agenda of interest>*

9. Additional Comments:

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10. Which of the following best describes the field in which you work? (Please choose only one – drop down list)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Child and family services (e.g., child welfare, adoption) | <input type="checkbox"/> Faith-based program/organization                              | <input type="checkbox"/> Research                                      |
| <input type="checkbox"/> Children exposed to violence/trauma                       | <input type="checkbox"/> Formula Grant   | <input type="checkbox"/> SAG Representative                            |
| <input type="checkbox"/> Children's Advocacy Centers                               | <input type="checkbox"/> Internet Crimes Against Children (ICAC)                       | <input type="checkbox"/> Education                                     |
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Juvenile justice specialist                                   | <input type="checkbox"/> State requirements                            |
| <input type="checkbox"/> Community-based program/organization                      | <input type="checkbox"/> Law enforcement   | <input type="checkbox"/> State/local government                        |
| <input type="checkbox"/> Compliance Monitoring                                     | <input type="checkbox"/> Mental health   | <input type="checkbox"/> Substance abuse                               |
| <input type="checkbox"/> Corrections/Detention                                     | <input type="checkbox"/> Missing children  | <input type="checkbox"/> Training and technical assistance             |
| <input type="checkbox"/> Court Appointed Special Advocate (CASA)                   | <input type="checkbox"/> Other advocacy (e.g., GAL, CASA)                              | <input type="checkbox"/> Tribal  |
| <input type="checkbox"/> Court services  | <input type="checkbox"/> Parole/community corrections                                  | <input type="checkbox"/> School truancy/discipline/violence prevention |
| <input type="checkbox"/> DMC Coordinator   | <input type="checkbox"/> Probation   | <input type="checkbox"/> Victims of Crime                              |
|  | <input type="checkbox"/> Problem solving/specialized courts (e.g., family/drug courts) | <input type="checkbox"/> Violence prevention                           |
|  | <input type="checkbox"/> Prosecution   | <input type="checkbox"/> Youth development                             |
|  |  | <input type="checkbox"/> Youth mentoring                               |
|  |  | <input type="checkbox"/> Other: _____                                  |

11. Please indicate which state you are from: \_\_\_\_\_ (drop down list)

*This survey will be offered online; however, in the case of paper surveys please send completed evaluation forms to:  
Christine Leicht, OJJDP NTTAC Evaluation Manager, [Christine.Lleicht@icfi.com](mailto:Christine.Lleicht@icfi.com)*

