



Level I Event Feedback Form

1) How did you participate?

- In person
- Online (webinar)

2) Did this event help you acquire useful information?

- Yes
- No
- Unsure

3) Did the information provided in this event meet your expectations?

- Yes
- No
- Unsure

4) Base on your experience with this event, would you participate in another event with similar format?

- Yes
- No
- Unsure

5) Would you be interested in participating in another event in a related subject area?

- Yes
- No
- Unsure

6) The following refer to your level of satisfaction with the event.

| | Very Satisfied | Satisfied | Neither Satisfied or Dissatisfied | Dissatisfied | Very Dissatisfied | Does Not Apply |
|-------------------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|
| Quality of the overall event | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Scope of the information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Usefulness of the information | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presenter(s)/ facilitator(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Materials | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

7) How do you plan to share the information obtained during the event?

- Email Information
- Giving a Presentation
- Holding a Debrief Meeting
- Posting Information Online
- Post Paper Handouts/Materials
- Professional Development
- Providing a Link to Webinar Recording
- Sharing Handouts/Materials Electronically
- Sharing Paper Handouts/Materials
- Starting a Workgroups/Committee
- Writing a Summary to Distribute
- Word of Mouth
- Unsure
- Other, please specify

Comments:

8) Did this event change your thinking or knowledge about the topic? If so, how? If not, please elaborate.

9) Do you think you or your organization will do anything differently as it relates to the topic? If so, how? If not, please elaborate.

10) Please provide any feedback regarding the event's strengths.

11) Please provide any feedback regarding the event's areas for improvement.

12) What topics would you like to be covered in future events?

13) What additional information or materials would be useful to you or your organization?

14) Other comments:

15) Would you like to be added to a distribution list/listserv to received additional information from FNS in the future?

- No
- Unsure
- Yes, If you selected "Yes" please provide your email address:

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