Instructions for Development of Event Poll

OMB #: 0970-0XXXX

Expiration Date: XX/XX/XXXX

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Event Poll

**PURPOSE**: Most peer events with less than will 100 registrants will receive a short event survey in the form of a poll. The exception is when a Center for States product is used or marketed during a specific event, then the event will get a brief survey rather than a live poll in order to collect additional information about product perceptions, use and satisfaction. Live polls consist of questions that are integrated into the technology platform (e.g., Adobe Connect, WebEx) and asked at the end of events.

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Poll Questions for Peer Events Focused on Increasing Awareness, Knowledge or Skills

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Neither Agree or Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** | **NA** | **Don’t Know** |
| Overall, I was satisfied with the peer activity or event. | SD | 2 | 3 | 4 | 5 | 6 | SA | NA | DK |
| The peer activity or event will be helpful in my work. | SD | 2 | 3 | 4 | 5 | 6 | SA | NA | DK |
| The peer activity or event has increased my knowledge about [Topic]. | SD | 2 | 3 | 4 | 5 | 6 | SA | NA | DK |
| Please select the various ways you plan to apply the information from this peer activity or event in your work. (Select all that apply)   * Support program improvement * Support policy development * Provide information to clients/families * Share with peers * Support public awareness/advocacy * Grant writing/Fundraising * Train staff/colleagues * Conduct research & evaluation * My own professional development (e.g., increased knowledge) * I will not be able to apply this to my work * Other (Please describe):\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |

Poll Question for Events Focused on Improving Collaboration or Enhancing Connections

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Neither Agree or Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** | **NA** | **Don’t Know** |
| Overall, I was satisfied with this peer activity or event. | SD | 2 | 3 | 4 | 5 | 6 | SA | NA | DK |
| As a result of my involvement in this Peer activity or event, I have improved my connections with peers/colleagues. | SD | 2 | 3 | 4 | 5 | 6 | SA | NA | DK |
| I have discovered new tools, ideas, & ways of thinking from the relationships developed during this peer activity or event. | SD | 2 | 3 | 4 | 5 | 6 | SA | NA | DK |
| Please select the various ways you plan to apply the information from this peer activity or event in your work. (Select all that apply)   * Support program improvement * Support policy development * Provide information to clients/families * Share with peers * Support public awareness/advocacy * Grant writing/Fundraising * Train staff/colleagues * Conduct research & evaluation * My own professional development (e.g., increased knowledge) * I will not be able to apply this to my work * Other (Please describe):\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |