# 2022 Adolescent Pregnancy Prevention Grantee Conference Overall Evaluation Survey

### To assist us in planning for future conferences, please complete this evaluation form. We appreciate your attendance at this year's conference!

### Please note your participation in this survey is voluntary. Survey responses are anonymous and will be kept private. The Paperwork Reduction Act OF 1995 (Pub. L. 104-13). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0970-0401. The control number expires on 06/30/2024

####  Please select the role(s) that best describe you. Select all that apply.

#### Grantee or sub-awardee staff

#### Federal staff

#### Workshop or panel presenter

#### Poster presenter

#### Federal contractor

#### Exhibitor

#### Program developer/trainer

#### Other - Write In:

#### If you are a grantee or subrecipient, what is your primary role on your grant? Select only one.

#### Project administrator (e.g., director, manager, coordinator)

#### Field staff (e.g., educator, facilitator, etc.)

#### Evaluator

#### Partner/subrecipient (who is not an evaluator)

#### Other - Write In:

#### I am not an HHS grantee or subrecipient.

#### If you are a grantee or subrecipient, please identify your grantee type. Select all that apply.

#### State Personal Responsibility Education Program

#### Competitive Personal Responsibility Education Program

#### Tribal PREP (Personal Responsibility Education Program - Tribes and Tribal Organizations)

#### Personal Responsibility Education Program Innovative Strategies

#### Title V State Sexual Risk Avoidance Education Grant Program

#### Title V Competitive Sexual Risk Avoidance Education Grant Program

#### General Departmental Sexual Risk Avoidance Education Program

#### I am not an HHS grantee or subrecipient

#### Conference Objectives

### Please indicate the extent to which you agree or disagree with the following statement

### By the end of the conference, I was able to:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | N/A |
| 1. Learn at least two new strategies for supporting future SRAE and PREP programming with youth. |  |  |  |  |  |  |
| 2. Obtain resources to effectively meet the needs of special populations of youth.  |  |  |  |  |  |  |
| 3. Connect with other PREP and SRAE grantees to network and share resources, lessons learned, and innovative practices. |  |  |  |  |  |  |
| 4. Identify new tools, resources, and connections to improve organizational capacity, evaluation, partnerships, social media marketing, and/or sustainability. |  |  |  |  |  |  |
| 5. Gain knowledge of emerging trends in adolescent health, pregnancy prevention, and life skills development related to the six adulthood preparation subjects. |  |  |  |  |  |  |

####  ****What did you think of the conference OVERALL?****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | N/A |
| 1. The conference met my expectations.  |  |  |  |  |  |  |
| 2. The information and resources shared at the conference will expand my capacity to do my job. |  |  |  |  |  |  |
| 3. The conference made me want to seek out additional technical assistance and support on topics presented. |  |  |  |  |  |  |

## Conference Logistics

### Please indicate the extent to which you agree or disagree with the following statements.

#### ****What did you think of the****preliminary materials****for the conference?****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | N/A |
| 1. The call for abstracts information was clear. |  |  |  |  |  |  |
| 2. The online registration process was user-friendly. |  |  |  |  |  |  |
| 3. The conference platform was easy to navigate. |  |  |  |  |  |  |
| 4. The conference platform contained useful information. |  |  |  |  |  |  |

#### Plenary Sessions

### Please indicate the extent to which you agree or disagree with the following statements.

#### **What did you think of the** Opening Session with Dr. Joia Crear-Perry (Tuesday, June 28)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | N/A |
| 1. The presenter conveyed the information clearly. |  |  |  |  |  |  |
| 2. The presenter was knowledgeable about the subject matter. |  |  |  |  |  |  |
| 3. The information presented was useful and applicable to my work. |  |  |  |  |  |  |
| 4. The session generated thoughtful discussion. |  |  |  |  |  |  |
| 5. The session motivated me to receive additional training or information on the topic presented. |  |  |  |  |  |  |

#### **What did you think of the** Closing Session with Deanna Singh (Thursday, June 30)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | N/A |
| 1. The presenter conveyed the information clearly. |  |  |  |  |  |  |
| 2. The presenter was knowledgeable about the subject matter. |  |  |  |  |  |  |
| 3. The information presented was useful and applicable to my work. |  |  |  |  |  |  |
| 4. The session generated thoughtful discussion. |  |  |  |  |  |  |
| 5. The session motivated me to receive additional training or information on the topic presented. |  |  |  |  |  |  |

1. **What did you think of the *Youth Plenary Session (Wednesday, June 29)*?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **N/A** |
| 1. The youth presenters were engaging. |  |  |  |  |  |  |
| 3. The information presented was useful and applicable to my work. |  |  |  |  |  |  |
| 4. The session generated thoughtful discussion. |  |  |  |  |  |  |
| 5. As a result of attending this session, I have ideas on how to improve programming to better meet the needs of youth. |  |  |  |  |  |  |

#### Other Sessions

### Please indicate the extent to which you agree or disagree with the following statements.

1. **What did you think of the *Networking Sessions (June 28, 29, and 30)*?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **N/A** |
| 1. The information shared was useful and applicable to my work. |  |  |  |  |  |  |
| 2. The session generated thoughtful discussion. |  |  |  |  |  |  |
| 3. This session helped me connect with other grantees. |  |  |  |  |  |  |
| 4. The session generated an opportunity for sharing information. |  |  |  |  |  |  |
| 5. This session was organized well. |  |  |  |  |  |  |

#### Final Thoughts

### **What did you think of the on-demand content (including exhibitors, posters, and other non-live content)?**

### **What was the best part of the conference?**

### **What aspects of the conference could be improved upon and how?**

### **Do you have any additional comments or questions about the conference?**

### **What topics would you recommend for future conferences, trainings and webinars?**

### Thank you for completing this form. Your response is very important to us.