

22nd NCCAN Evaluation Questions

Individual Session Questions (each session would have the same questions to ask)

1. Please indicate your overall satisfaction with this session.

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

2. How would you rate your prior knowledge of the subject?

- Very high
- High
- Moderate
- Low
- Very low

3. How much has your understanding of the subject increased?

- Increased significantly
- Increased moderately
- Increased slightly
- Did not increase

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather information from conference participants to evaluate the utility and effectiveness of the speakers, and sessions to improve future events. Public reporting burden for this collection of information is estimated to average 30 seconds per grantee, 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 06/30/2024. If you have any comments on this collection of information, please contact Lauren Fischman at Lauren.Fischman@acf.hhs.gov.

4. The presenters were prepared and knowledgeable about their subject.

- Agree
- Disagree
- Indifferent
- Not Applicable

**5. Would you do anything differently to improve the content or structure of this session?
Please explain. (Text box)**

Post-Conference Evaluation Questions

1. I attended (please check all that apply):

- Plenary Sessions
- Featured Sessions
- Concurrent Breakout Sessions
- Posters
- Exhibits

2. Please indicate your overall satisfaction with the virtual conference:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

3. What session did you attend that was the most useful to you?

(All sessions will be listed in a drop down box.)

4. What session did you attend that was the least useful to you?

5. (All sessions will be listed in a drop down box.)

6. What topics addressed at the virtual conference were the most useful to you?

7. (All sessions will be listed in a drop down box.)

8. What topics would you like to be included in future conference sessions?

Text box

9. How would you rate the following?

	Excellent	Good	Satisfactory	Fair	Poor
Relevance of conference content to your work					
Level of interactivity/engagement of sessions					
Quality of presentations					

10. The following questions pertain to the Posters:

	Yes	No	N/A
Did you view posters during the designated times (4:30-5:00pm ET)?			
Did you view posters at an alternate time?			
Did you interact with the poster presenters via the "Contact Us," "Chat," or "Meet Now" features?			

11. The following questions pertain to the Exhibits:

	Yes	No	N/A
Did you view exhibits during the designated times (4:30-5:00pm ET)?			
Did you view exhibits at an alternate time?			
Did you interact with the exhibitors via the "Contact Us," "Chat," or "Meet Now" features?			

12. If you visited the conference website (<https://nccan.acf.hhs.gov/>) prior to the conference, how would you rate your experience on the website?

- Excellent
- Very Good

- Good
- Fair
- Poor
- N/A

13. What, if any, suggestions do you have to improve the conference website (<https://nccan.acf.hhs.gov/>)? Please explain.

Text box

14. What, if any, suggestions do you have to improve the virtual conference platform? Please explain.

Text box

15. Please indicate your registration type by selecting from the options below:

- Evaluator/Primary Investigator
- Federal Staff – ACYF
- Federal Staff – Other Agency
- Front line staff
- Manager/Supervisor
- Program/Agency Administrator
- Parent Partner
- Student
- T/A Provider
- Other

16. Which best describes your employer/organization:

- Behavioral/Mental Health Services Provider
- College/University
- County Child Welfare Agency
- Domestic Violence Services Provider
- Federal Government
- Juvenile Justice Organization
- Law Enforcement Organization
- Local Government/Tribal Council
- Primary Care/Health Care Services Provider
- Primary/Secondary Education
- Private or Community-Based Child Welfare agency
- State Child Welfare Agency
- State or County Court/Legal System
- Substance Abuse Services Provider
- Technical Assistance Provider
- Territorial Child Welfare Agency
- Tribal Child Welfare Agency
- Tribal Court/Legal System

- Not Applicable
- Other

17. Which best describes your primary practice area:

- Adoption
- Child Abuse and Neglect
- Child Protective Services
- Data Technology
- Domestic Violence
- Early Childhood (0-5 yrs)
- Education
- Foster Care/Foster Parenting
- Research/Evaluator
- Trafficking
- Youth Services
- Government
- Health/Mental Health
- Juvenile Justice
- Law Enforcement
- Legal/ Courts
- Prevention/Family Support
- Professor/Faculty
- Substance Abuse
- Other

18. How many years of experience do you have working in your practice area?

- Less than 1 year
- 1-5 years of service
- 6-10 years of service
- 11-15 years of service
- 16+ years of service

19. Is this the first time you have attended an NCCAN?

- Yes
- No

20. Do you expect to do your work differently as a result of your participation in the virtual conference?

Text box

21. What is your one big take away from the virtual conference?

Text box

22. If you have additional feedback about the virtual 23rd NCCAN, please provide your comments below.

Text box