Evaluation & Monitoring 101: Session Feedback Survey

NOTE: Participants will be asked to complete this survey at the end of each of the 7 sessions of the training. The number in brackets will be updated to reflect the appropriate session (i.e., 1-7).

For the next few questions please rate Session [#] on a scale from 1 to 5, with 1 being the lowest and 5 being the highest.

On a scale from 1 to 5, with 1 being the lowest and 5 being the highest....

- How applicable was the content of this session to your work? (1 = not at all applicable, 5 = extremely applicable)
 1
 2
 3
 4
 5
- 2. What was the overall quality of the presentation? (1 = poor quality, 5 = extremely high quality) $\bigcirc 1$ $\bigcirc 2$ $\bigcirc 3$ $\bigcirc 4$ $\bigcirc 5$
- 3. How clear was the presentation? (1 = not clear at all, 5 = extremely clear) $\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5$
- 4. How engaging was the session? (1 = not at all engaging, 5 = extremely engaging). $\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5$
- 5. What did you like about this session? What parts were most helpful and why?
- 6. What didn't you like about this session? What parts could be improved and why?
- 7. What else should we know? Please give any additional feedback for this session.

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average 2 minutes per respondent, 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. 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 Damian Fernandez at <u>damian.fernandez@acf.hhs.gov</u>.