OMB #:0970-0401

Expiration Date: 6/30/2024

**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

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

* Very high
* High
* Moderate
* Low
* Very low

1. **How much has your understanding of the subject increased?**

* Increased significantly
* Increased moderately
* Increased slightly
* Did not increase

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1. **The presenters were prepared and knowledgeable about their subject.**

* Agree
* Disagree
* Indifferent
* Not Applicable

1. **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

1. **Please indicate your overall satisfaction with the virtual conference:**

* Very Satisfied
* Somewhat Satisfied
* Neither Satisfied Nor Dissatisfied
* Somewhat Dissatisfied
* Very Dissatisfied

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

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

1. **What session did you attend that was the least useful to you?**
2. (All sessions will be listed in a drop down box.)
3. **What topics addressed at the virtual conference were the most useful to you?**
4. (All sessions will be listed in a drop down box.)
5. **What topics would you like to be included in future conference sessions?**

Text box

1. **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** |  |  |  |  |  |

1. **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? |  |  |  |

1. **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? |  |  |  |

1. **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

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

Text box

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

Text box

1. **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

1. **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

1. **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

1. **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

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

* Yes
* No

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

Text box

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

Text box

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

Text box