

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....

1. 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)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. How clear was the presentation? (1 = not clear at all, 5 = extremely clear)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. How engaging was the session? (1 = not at all engaging, 5 = extremely engaging).

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 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 damian.fernandez@acf.hhs.gov.