The following questions ask for your feedback related to the presentations and sessions for **DAY 1** of the Annual Grantee Meeting.

**Please indicate the response that best represents your opinion for each item.**

**How useful was the plenary session [Name of Plenary Session] for your work?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not at all useful | Slightly  Useful | Moderately useful | Very  useful | Extremely useful | Did not  attend |
|  |  |  |  |  |  |

**How useful was the poster session for your work?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not at all useful | Slightly  Useful | Moderately useful | Very  useful | Extremely useful | Did not  attend |
|  |  |  |  |  |  |

**Please indicate which breakout session you attended:**

|  |  |
| --- | --- |
|  | [Name of Breakout session1] |
|  | [Name of Breakout session 2] |
|  | [Name of Breakout session 3] |

**Please indicate the response that best represents your opinion about the breakout session you attended.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| The presenter(s) had a thorough knowledge of the subject. |  |  |  |  |  |
| The session provided information relevant to the Grantee Meeting. |  |  |  |  |  |
| I understood the material presented. |  |  |  |  |  |
| My knowledge on the subject increased as a result of the session. |  |  |  |  |  |
| I left the session with something I can implement in my job or state. |  |  |  |  |  |
| Overall, I was satisfied with the session. |  |  |  |  |  |

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather information from discretionary grantees on their meeting experience. Public reporting burden for this collection of information is estimated to average 5 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. 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 XX/XX/XXXX. If you have any comments on this collection of information, please contact Julie Fliss at Julie.fliss@acf.hhs.gov.

**This form was completed by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | State CBCAP Lead |  | CBCAP Local Program |  | CBCAP Tribal/Migrant Programs |
|  | Parent Leader/Caregiver |  | Other State CBCAP Staff |  | Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Comments/Suggestions:**

NOTE: These questions may be broken out by session, with only session-specific questions asked immediately after a session ends and overall meeting feedback gathered at the end of the full day.