



Community-Based Child Abuse Prevention Program
Annual Grantee Meeting
[Date]



The following questions ask for your feedback related to the presentations and sessions for **DAY 2** of the Annual Grantee Meeting.

Please indicate which breakout session you attended:

- [Breakout Session 4]
- [Breakout Session 5]
- [Breakout Session 6]

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.	<input type="checkbox"/>				
The session provided information relevant to the Grantee Meeting.	<input type="checkbox"/>				
I understood the material presented.	<input type="checkbox"/>				
My knowledge on the subject increased as a result of the session.	<input type="checkbox"/>				
I left the session with something I can implement in my job or state.	<input type="checkbox"/>				
Overall, I was satisfied with the session.	<input type="checkbox"/>				

How useful was the closing session for your work?

Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Did not attend
<input type="checkbox"/>					

This form was completed by:

<input type="checkbox"/> State CBCAP Lead	<input type="checkbox"/> CBCAP Local Program	<input type="checkbox"/> CBCAP Tribal/Migrant Programs
<input type="checkbox"/> Parent Leader/Caregiver	<input type="checkbox"/> Other State CBCAP Staff	<input type="checkbox"/> Other (Specify): _____

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.



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Please indicate the response that best represents your opinion about the logistical arrangements for the Grantee Meeting.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I found it easy to register for the Grantee Meeting.	<input type="checkbox"/>				
I found pre-meeting assistance from the Children's Bureau logistics team helpful.	<input type="checkbox"/>				

What, if any, additional comments do you have regarding the logistical arrangements?

What was the MOST successful aspect of the [Year] CBCAP Grantee Meeting?

What was the LEAST successful aspect of the [Year] CBCAP Grantee Meeting?

What was one (or more) "big takeaway" from the [Year] CBCAP Grantee Meeting?

What additional comments or suggestions do you have about the [Year] CBCAP Grantee Meeting?

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.



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