

# Appendix A

OMB Control No. 0970-0401  
Expiration Date: 06/30/2024

## Tribal Maternal, Infant, and Early Childhood Home Visiting Program Training and Technical Assistance Immediate Feedback Form

(administered after each Training or TA occurrence)

Please select the role that most closely aligns with your responsibilities related to the Tribal Home Visiting project.

Grantee Lead/Director/Coordinator

Grantee Data/Evaluation Staff

Grantee Program Staff/Consultant

Grantee Grants Management/Fiscal Staff

Home Visitor

Please rate items 1-6

TA met my needs			
1) This TA effectively met your needs.		2) This TA provided productive ways of learning.	
3) This TA was engaging.		4) TA on this topic was delivered at a time when it was relevant for your program.	
5) This TA met the intended goals/objectives.		6) TA offered options for next steps, ideas, or action items that can be applied soon.	

7) TA facilitated new learning in the following areas:	8) I am planning on applying what I learned in the following areas:
a. Tribal/Organizational Leadership Support, Governance, and Administration	a. Tribal/Organizational Leadership Support, Governance, and Administration
b. Quality Workforce	b. Quality Workforce
c. Fidelity Monitoring / Model Fidelity	c. Fidelity Monitoring / Model Fidelity
d. Community and Partner Engagement	d. Community and Partner Engagement
e. Recruitment, Enrollment, and Engagement of Families	e. Recruitment, Enrollment, and Engagement of Families
f. Dissemination	f. Dissemination
g. Early Childhood Systems Building	g. Early Childhood Systems Building
h. Policies and Procedures	h. Policies and Procedures
i. Sustainability	i. Sustainability
j. Other topics (as applicable)	j. Other topics (as applicable)
(7) Other feedback	

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this collection of information, please contact Anne Bergan, Office of Early Childhood Development, Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street SW, Suite 3014F, Washington, DC 20024.