**Appendix A**

OMB Control No. 0970-0401

Expiration Date: 06/30/2024

# [insert date and title] Tribal Regional Overall Meeting Feedback Form

**Please select the role that most closely aligns with your responsibilities related to the MIECHV project.**

|  |  |  |  |
| --- | --- | --- | --- |
| Grantee Lead/Director/Coordinator  Grantee Data/Evaluation Staff  Grantee Program Staff |  | Home Visitor  Consultant  Other | |
| **Meeting Grantee Needs:** Please indicate to what extent you agree that the meeting: | | | | | |
| Was relevant to your work | | | | Choose an item. | |
| Provided resources and strategies to support your home visiting efforts | | | | Choose an item. | |
| Enhanced your existing knowledge and/or skills | | | | Choose an item. | |
| Provided speakers/presenters who demonstrated topic expertise | | | | Choose an item. | |
| **Future Action:** Please indicate to what extent you plan to use what you learned or use the resources you obtained. | | | | | |
| Share knowledge or skills with various stakeholders and other team members | | | | Choose an item. | |
| Make policies, guidelines, procedures, or interagency agreements/contracts changes. | | | | Choose an item. | |
| Make changes in the service delivery system for families | | | | Choose an item. | |
| Pursue additional technical assistance related to a topic featured during the meeting. | | | | Choose an item. | |
| Learn more about a topic featured during the meeting | | | | Choose an item. | |
| **Balance of Activity:** Please indicate to what extent you agree that the meeting provided a balance of activities. | | | | | |
| Felt there were sufficient formal and informal peer networking opportunities (Insert list of activities) | | | | Choose an item. | |
| **Logistics:** Please indicate to what extent you agree that the meeting organizers arranged for comfortable accommodations and logistical assistance. | | | | | |
| Comfortable and appropriate meeting space | | | | Choose an item. | |
| Comfortable with easy to use meeting technology | | | | Choose an item. | |
| Comfortable and clean sleeping accommodations at the conference hotel | | | | Choose an item. | |
| Responsiveness of registration and meeting coordination staff | | | | Choose an item. | |
| The ability to participate in individual TA sessions with respective TA providers | | | | Choose an item. | |
| Helpful materials that were made available in advance of the meeting (e.g., meeting information and agenda) | | | | Choose an item. | |

What was the most helpful aspect of the meeting?

What improvements can be made?

What can we improve to enable you to apply better learning or tools obtained at the meeting to your program?

Other comments:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to assess the quality and outcomes of Tribal Maternal, Infant, and Early Childhood Home Visiting regional meetings. Public reporting burden for this collection of information is estimated to average 4 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 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.