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**Feedback Form**

Thank you for attending the meeting. Please provide us with feedback on your experience by completing this form. Your feedback will be valuable and greatly appreciated.

**Please select your role**

* Federal Employee
* State CCDF Administrator
* Territory CCDF Administrator
* State CCDF Staff Member
* Territory CCDF Staff Member
* OCC National Center TA Staff
* 21st Century Community Learning Center State Coordinator
* State Afterschool Network Lead
* Invited Presenter or Guest
* Other (please specify)

**Overall rating for the meeting:**

* Excellent
* Good
* Fair
* Poor

**The information presented was respectful, nonjudgmental, and supportive of diverse populations (i.e., free from stereotypes or bias).**

* Strongly agree
* Agree
* Disagree
* Strongly disagree

**Comments**

**Event Rating**

**Useful and Relevant** (i.e., provided you with practical information or a practical perspective to inform your current work)

* Extremely
* Very
* Slightly
* Not at all

**Influential** (i.e., influenced your thinking; enabled you to think differently; helped you analyze, synthesize, or integrate information in a new way)

* Extremely
* Very
* Slightly
* Not at all

**Well Organized** (i.e., thoroughly covered talking points, easy to remember, effectively used the scheduled time)

* Extremely
* Very
* Slightly
* Not at all

**Comments**

**Do you have specific comments about a session held on the first day of the meeting?**

**Do you have specific comments about a session held on the second day of the meeting?**

**What is one big takeaway you gained from the meeting?**

**What has inspired or motivated you?**

**What topic would you like to learn more about?**

**Please suggest topics that you would like to have covered during future meetings. (Suggested topics might be covered prior to the next event.)**

**Please provide any additional comments or ideas.**