

Evaluation & Monitoring 101: Registration Form

NOTE: Participants will be asked to complete this form once in order to register for the training.

1. What is your first name?

2. What is your last name?

3. What is your ACF email address? (required)

4. What is your HHS region?

- ☐ Central office (Capitol Region) ☐ Region 1 ☐ Region 2 ☐ Region 3 ☐ Region 4
☐ Region 5 ☐ Region 6 ☐ Region 7 ☐ Region 8 ☐ Region 9 ☐ Region 10

5. In which ACF office do you work?

- ☐ Administration for Native Americans (ANA)
☐ Administration on Children, Youth and Families (ACYF)
☐ Children's Bureau (CB)
☐ Office of Early Childhood Development (ECD)
☐ Family and Youth Services Bureau (FYSB)
☐ Immediate Office of the Assistant Secretary (IOAS)
☐ Office of Communications (OC)
☐ Office of Child Care (OCC)
☐ Office of Community Services (OCS)
☐ Office of Child Support Services (OCSS)
☐ Office of Family Assistance (OFA)
☐ Office of Family Violence Prevention Services (OFVPS)
☐ Office of Head Start (OHS)
☐ Office of Human Services Emergency Preparedness and Response (OHSEPR)
☐ Office of Legislative Affairs and Budget (OLAB)
☐ Office of Planning, Research and Evaluation (OPRE)
☐ Office of Refugee Resettlement (ORR)
☐ Office of Regional Operations (ORO)
☐ Office of Trafficking in Persons (OTIP)

6. In which division do you work?

7. What is your job title?

8. I am a:

- ☐ Federal employee ☐ ACF Contractor/Fellow

9. Have you participated in the Evaluation and Monitoring 101 training before?

- ☐ Yes ☐ No ☐ I'm not sure

10. How did you hear about the training?

11. Please check all that apply:

- ☐ I oversee grantees that are required to conduct **grantee-led performance monitoring**.
☐ I oversee grantees that are required to participate in **federally-led performance monitoring**.
☐ I oversee grantees that are required to conduct **grantee-led evaluations**.
☐ I oversee grantees that are required to participate in **federally-led evaluations**.
☐ I participate in writing Funding Opportunity Announcements for my program office.
☐ None of the above

12. How familiar are with program evaluation? Note that the training is open to everyone and that no prior knowledge of program evaluation is necessary to participate.

- ☐ Extremely familiar
☐ Very familiar
☐ Somewhat familiar
☐ Not so familiar
☐ Not at all familiar

13. In the text box below, please tell us what you hope to gain from this training. This will help us to design the training to best meet participants' needs.

14.

Do you require ADA accommodations (closed captioning, etc.) to attend this meeting? Please describe.

15. Is there anything you want us to know?

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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to help ACF improve the quality of the Evaluation & Monitoring 101 training. Public reporting burden for this collection of information is estimated to average 3 minute 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 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Julia Bleser at julia.bleser@acf.hhs.gov.