

Ask Me Anything (AMA) Session Evaluation & Interest Survey

OMB Control Number: 0970-0401

Expiration Date: 5/31/2027

We appreciate you taking the time to provide feedback regarding ORR Continuous Quality Improvement Team's AMA sessions. All answers will be kept private.

1. Position Title

2. Program State

3. Please choose 1 or more of the following teams that you are interested in hearing from at an AMA session:

Division of Health for Unaccompanied Children (DHUC) Division of Quality Improvement (Prevention of Child Abuse and Neglect (PCAN)

Division of Quality Improvement (Monitoring)

Division of Grants Management (Project Officers)

Division of UC Field Operations (Federal Field Specialists)

Division of UC Policy

Division of Data Analytics

Division of Technology (Portal)

Division of UC Placement Operations

Division of UC Services (Post Release Services)

Division of UC Services (Legal Services)

Division of UC Services (Child Advocates)

Division of UC Services (Language and Cultural Support)

Division of UC Services (Education Services)

Other ACF Offices (e.g. Children's Bureau, Office on Trafficking In Persons, Office of Head Start)

4. Other topics of interest that you would like us to explore in an AMA session.

5. On a scale of 1-5, AMA sessions that you have attended were beneficial.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Rating

6. What could we do to improve your AMA experience?

7. Please use this space for any additional comments or feedback regarding your AMA experience(s).

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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 administer a survey once per year to UCB care provider staff who have attended AMA sessions to a) determine their satisfaction levels with the sessions b) solicit additional feedback on what other topics participants are interested in hearing about and c) how the sessions might be improved/enhanced. 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 5/31/2027. If you have any comments on this collection of information, please contact Theresa.matos@acf.hhs.gov

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