

Feedback Form

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

Please select your role at this event.

- ☐ Tribal CCDF Administrator
- ☐ Tribal CCDF Lead Agency Staff
- ☐ Tribal Fiscal Staff
- ☐ Federal Employee
- ☐ OCC National Center TA Staff
- ☐ Invited Presenter or Guest
- ☐ Other (please specify)

Rate the overall 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

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:
The purpose of this information collection is to obtain feedback from participants in OCC's Tribal Cluster Meeting. Public reporting burden for this collection of information is estimated to average 10 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 05/31/2027. If you have any comments on this collection of information, please contact Stacy Cassell, stacy.cassell@acf.hhs.gov.

- ☐ 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 any session held on the 1st day of the meeting?
- Do you have specific comments about any session held on the 2nd 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?
- What is one project that your Tribe is doing that you would like to share with others?
- Please suggest topics that you would like to have covered during future events.
Suggested topics might be covered prior to the next meeting.
- Please provide any additional comments or ideas.