OMB Control Number: 0970-0401, Expiration Date: 05/31/2027

Evaluation & Monitoring 101: Training Feedback Survey

NOTE: Participants will be asked to complete this survey once at the end the training.

1.	Have you ¡ ○ Yes	Have you previously participated in an Evaluation 101 training sponsored by OPRE? O Yes No						
2.	How did you participate in the first day of training (Monday, September 8 th)? ○ Virtually ○ In-person							
3.	How did you participate in the second day of training (Tuesday, September 9 th)? O Virtually In-person							
4.	On a scale from 1 to 5, with 1 being the lowest and 5 being the highest, how useful was the Evaluation & Monitoring 101 training to your work overall? (1 = not at all useful, 5 = extremely useful)							
	○ ○1	○ 2	○ 3	0 4	5			
 On a scale from 1 to 5, with 1 being the lowest and 5 being the highest, how likely incorporate evaluation and monitoring into your future work after taking this cou likely, 5 = very likely) 						• •	at all	
	○○1	○ 2	○ 3	0 4	O 5			
6.	What did y	you learn i	n the training tha	t is most applical	ole to your work?			
7.	Which top	ics were c	onfusing or unclea	ar? What questic	ons do you have ab	out these topics?		
8.	Which top	ics do you	wish would have	been discussed	n the training?			
9.								

10. Did you have any issues participating (virtually/in-person)? If so, please describe.
11. What did you like about the overall structure of the training?
12.
What could be improved about the overall structure of the training in the future?
13. How would you prefer to attend the training in the future?
○ All virtually ○ All in-person ○ A mix between virtual and in-person ○ No preference
14. What else should we know? Please provide any additional feedback.

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 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. The 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 Julia Bleser at julia.bleser@acf.hhs.gov.