

TMIECHV Regional Meeting Overall Feedback Form

Please select the role that most closely aligns with your responsibilities related to the Tribal MIECHV project.

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| <input type="checkbox"/> Grantee Lead/Director/Coordinator
<input type="checkbox"/> Grantee Data/Evaluation Staff
<input type="checkbox"/> Grantee Program Staff | <input type="checkbox"/> Home Visitor
<input type="checkbox"/> Consultant
<input type="checkbox"/> Other |
|--|--|

Please pick the top 3 sessions that you found most helpful. [Display list of sessions based on agenda]

Meeting Grantee Needs: Please indicate to what extent you agree that the meeting:	
Was relevant to your work	<input type="text"/>
Provided resources and strategies to support your home visiting efforts	<input type="text"/>
Enhanced your existing knowledge and/or skills	<input type="text"/>
Provided speakers/presenters who demonstrated topic expertise	<input type="text"/>
Future Action: Please indicate to what extent you agree with the following statements about actions you intend to take after this meeting, based on the content or materials provided.	
Share knowledge or skills with various stakeholders and other team members	<input type="text"/>
Pursue additional technical assistance related to a topic featured during the meeting.	<input type="text"/>
Learn more about a topic featured during the meeting	<input type="text"/>
Logistics: Please indicate to what extent you agree with the following statements about the accommodations and logistical support provided by the meeting organizers.	
Comfortable and appropriate meeting space	<input type="text"/>
Comfortable and clean sleeping accommodations at the conference hotel	<input type="text"/>
Responsiveness of registration and meeting coordination staff	<input type="text"/>
The ability to participate in individual TA sessions with respective TA providers	<input type="text"/>
Helpful materials that were made available in advance of the meeting (e.g., meeting information and agenda)	<input type="text"/>

What was the most helpful aspect of the meeting?

What improvements can be made?

What can we improve to enable you to better apply learning or tools obtained at the meeting to your program?

Other comments:

Public Burden Statement: The purpose of this information collection is to gather information that assesses the quality and outcomes of TMIECHV Regional Meeting events. 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. 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 Anne Bergan at anne.bergan@acf.hhs.gov or at the Office of Early Childhood Development, Administration for Children and Families, HHS, Mary E. Switzer Building 330 C Street SW, Suite 3014F, Washington, DC 20024.