

TMIECHV Regional Meeting Overall Feedback Form

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

☐ Grantee Lead/Director/Coordinator ☐ Grantee Data/Evaluation Staff ☐ Grantee Program Staff	☐ Home Visitor ☐ Consultant ☐ 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	
Provided resources and strategies to support your home visiting efforts	
Enhanced your existing knowledge and/or skills	
Provided speakers/presenters who demonstrated topic expertise	
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	
Pursue additional technical assistance related to a topic featured during the meeting.	
Learn more about a topic featured during the meeting	
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	
Comfortable and clean sleeping accommodations at the conference hotel	
Responsiveness of registration and meeting coordination staff	
The ability to participate in individual TA sessions with respective TA providers	
Helpful materials that were made available in advance of the meeting (e.g., meeting information and agenda)	

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.