**Appendix D**

OMB Control No. 0970-0401

Expiration Date: 06/30/2024

# [insert date and title] Virtual Tribal Regional Individual Session Feedback Form

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

|  |  |  |
| --- | --- | --- |
|  Grantee Lead/Director/Coordinator  Grantee Data/Evaluation Staff  Grantee Program Staff |  |  Home Visitor Consultant Other |

 **Please rate each session using the scale listed below.**

|  |  |  |
| --- | --- | --- |
|  Strongly Disagree  Disagree |  Slightly Disagree Slightly Agree  |  Agree  Strongly Agree  |

| **Please indicate the degree** (enter rating 1, 2, 3, 4, 5 or 6 in the box) **to which the Plenary or Breakout session...** | Achieved intended objectives | Met your needs | Provided new information | Allotted time for questions and/or quality discussion | Was well organized, engaging and effectively presented | Speaker(s) demonstrated topic expertise | Provided information that you can apply to practice and/or enhanced your professional expertise |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Session date, title, and presenter |   |  |  |  |  |  |  |

 What is one thing that you liked best about the session?

 What is one thing that you would change?

 Other comments:

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