

## 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 informatio n	Allotted time for questions and/or quality discussion	Was well organized, engaging and effectively presented	Speaker(s) demonstra ted topic expertise	Provided informatio n that you can apply to practice and/or enhanced your profession al expertise
Session date, title, and presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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