

Appendix C

OMB Control No. 0970-0401

Expiration Date: 06/30/2024

[Insert date and title] Virtual Tribal Regional Overall Meeting Feedback Form

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

- ☐ Grantee Lead/Director/Coordinator
- ☐ Grantee Data/Evaluation Staff
- ☐ Grantee Program Staff

- ☐ Home Visitor
- ☐ Consultant
- ☐ Other

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/early childhood related efforts	
Enhanced your existing knowledge and/or skills	
Provided speakers/presenters who demonstrated topic expertise	
Offered relevant meeting activities, sessions, and topics that met your current needs	
Future Action: Please indicate to what extent you plan to use what you learned or use the resources you obtained.	
Share knowledge or skills with various stakeholders and other team members	
Make policies, guidelines, procedures, or interagency agreements/contracts changes.	
Make changes in the service delivery system for families	
Pursue additional technical assistance related to a topic featured during the meeting.	
Learn more about a topic featured during the meeting	
Balance of Activity: Please indicate to what extent you agree that the meeting provided a balance of activities.	
Felt there were sufficient formal and informal peer networking opportunities (Insert list of activities)	
Logistics: Please indicate to what extent you agree that the meeting organizers arranged for logistical assistance.	
Comfortable with easy to use meeting technology/platform	
Responsive registration and meeting coordination staff	
Helpful materials made available before the meeting (meeting information, "Know Before You Go" email, etc.)	

What was the most helpful aspect of the meeting?

What improvements can be made?

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

Other comments:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to assess the quality and outcomes of Tribal Maternal, Infant, and Early Childhood Home Visiting regional meetings. Public reporting burden for this collection of information is estimated to average 4 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. 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 06/30/2024. If you have any comments on this collection of information, please contact Anne Bergan,

