PRIMER HANDS ON-CHILD WELFARE EVALUATION FORM

1.	My role can best be described as (check	k one only):								
	_ Youth _ National level planner/administrator/policy maker _ Parent/Caregiver of youth with special needs									
	State level planner/administrator/policymaker Researcher/A									
	Community level planner/administrator/policy maker Service Provider									
	_ Technical Assistance Provider	n/policy maker	_ Other							
2.	The primary area in which I work can best be described as (check one only):									
	_ Child Welfare	_ Finance		_ Juvenile Justice						
	_ Education	_ Health		_ Mental Health						
	_ Early Intervention	_ Youth Involvement _ Other			_ Substance Abuse					
	_ Family Involvement									
Usi	ng the 1-5 scale, please rate the follow	wing statemen	ts:							
ME	ETING OBJECTIVES			No	t Tru	е		Ve	ry True	
3.	This meeting provided a strategic frame	work for systen	n building			2	3	4	5	
4.	This meeting strengthened my knowled structure in SOC	•	-		1	2	3	4	5	
5.	This meeting strengthened my knowled									
	system building processes				1	2	3	4	5	
6.	This meeting strengthened my critical th					0	•	4	_	
7.	building approaches This meeting prepared me to share info				1	2	3	4	5	
۲.	their system building activities				1	2	3	4	5	
	NERAL									
8.	This meeting added to my knowledge o					_	_		_	
0	this field					2	3 3	4 4	5	
	This meeting could help me develop po This meeting addressed cultural compe					2	3		5 5	
	This meeting helped me to address fam					2	3	4	5	
	This meeting helped me to address you					2	3	4	5	
	The presenters were knowledgeable an						3	-	5	
	The structure of the meeting was effect					2	3	4	5	
Ple	ase give us feedback about the overa	II helpfulness	of the following:							
4.4	Dalamas of lasting toom work group di			Not I	•	_	2		y Helpful	
	Balance of lecture, team work, group di Case Method Approach					2	3 3	4 4	5 5	
	Team Work					2	3	4	5 5	
	Contents of the written materials and ha					2	3	4	5 5	
	Meeting accommodations (e.g., meetin					2	3	4	5 5	
٠٠.	modaling accommodations (e.g., meetin	g rooms, and to	· • • · · · · · · · · · · · · · · · · ·			_	9	-r	-	

19.	What additional resources would have been helpful in preparing for the training (e.g., conference calls, materials)?
20.	What aspect(s) of the meeting were most successful?
21.	What aspect(s) of the meeting would you do differently?
22.	What follow-up activities would be most helpful?
23.	Additional Comments:

Thank You!

Please answer the following questions: