

[Insert Day 1, Day 2, or Day 3] CDC CLPPP Annual Recipients Meeting - Evaluation for Attendees

Form Approved
OMB No. 0923-0047
Exp. Date: 02/28/2025

Greetings,

Thank you for attending the Centers for Disease Control and Prevention Childhood Lead Poisoning Prevention Program (CLPPP) Annual Recipients Meeting! Your attendance helped to make this year's meeting successful.

The feedback received from this survey will be used to design future meetings. Please reach out to Samer Khan (skhan@rossstrategic.com) for support with completing the evaluation. Please complete the survey by (a date that is 2 weeks from when this is sent will be put here).

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0047).

1. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The information on key details (purpose, location, date, time, etc) provided prior to the meeting was clearly communicated.

- ☐ 1- Strongly Disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly Agree

2. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The meeting objectives were clearly defined.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

3. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The time allotted for each individual presentation was appropriate.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

4. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The time allotted for discussion/ Q&A was appropriate.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

5. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The dates of the meeting were convenient.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

6. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The schedule included sufficient time for breaks.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

7. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The meeting provided an opportunity to network with other professionals who are engaged in similar work.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

8. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

The sessions aligned with the meeting theme and objectives.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

9. Using a scale from 1-5 (1 = strongly disagree and 5 = strongly agree), please rate the following statement:

This meeting provided me with knowledge, tools, and action steps to support lead poisoning prevention activities within my program.

- ☐ 1- Strongly disagree
- ☐ 2- Disagree
- ☐ 3- Neutral
- ☐ 4- Agree
- ☐ 5- Strongly agree

10. The overall meeting was:

- ☐ Too long
- ☐ Just about right
- ☐ Too short

11. Please rate how satisfied you were with the meeting sessions and activities for Day 1.

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

12. What did you like about this year's meeting? What went well?

Enter your answer

13. What did you think could be improved for next year?

Enter your answer

14. Overall, how would you rate this year's CLPPP Annual Recipient Meeting?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

15. What kinds of sessions would you like to see included at future CLPPP Annual Recipient meetings?

Enter your answer

16. Please provide any additional comments or suggestions.

Enter your answer

17. What is your preferred time frame for the next meeting?

- ☐ Spring (March-May)
- ☐ Summer (June-August)
- ☐ Fall (September-November)

18. Would you be willing to attend an in-person meeting?

- ☐ Yes
- ☐ No
- ☐ Maybe