

Site Coordinator Feedback Form

April 12, 2016

Child Welfare Reform									
Web stream location (City):				County/Tribe:					
1.	How many	participants were at your site for t	he Child Welfar	e confe	rence? _				
2.	Who were the participants at your site? (Please estimate the number of each)								
	a. County/Tribal Social Worker - child welfare								
	b.	County/Tribal Social Worker - other							
	Please specify work area:								
	C.	County/Tribal Supervisor of Chil	d Welfare						
d. County/Tribal Supervisor - other									
		Please spe	ecify supervisor's	s work	area:				
	e.	County Attorney							
	f.	Guardian Ad Litem							
	g.	Corrections Worker							
	h.	Others							
		Please spe	ecify:						
			N	ot helpi	ful		Ve	ery helpful	
3.	Data the Cit	te Coordinator materials.	<u></u>	1	2	3	4	5	
Э.	nate the 3h	te coordinator materials.		1	2	3	4	3	
4.	Any comme	ents on the materials or overall cor	mmunication ab	out the	event?				
5.	Describe ar	ny problems you had receiving the	Web streamed i	Child W	alfara co	nference	2		
٦.	Describe ar	ry problems you had receiving the	web streamed	Cilia vv	enare co	Jillel elice			
6.	What is you	ur overall assessment of the confer	ence?						
7.	Please use	the back side of this form to write	any additional c	ommer	nts about	t this con	ference.		
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Send <u>all forms</u> to: Nora M. Lee, Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota, 205 Peters Hall, 1404 Gortner Avenue, Saint Paul, MN 55108 BY April 26, 2016

Site coordinators: please also complete a participant evaluation form.