

Site Coordinator Feedback Form

Web stream location (City): _____ **County/Tribe:** _____

1. How many participants were at your site for the Child Welfare conference? _____
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 Child Welfare
- d. County/Tribal Supervisor – other

Please specify supervisor's work area:

- e. County Attorney
- f. Guardian Ad Litem
- g. Corrections Worker
- h. Other, please specify:

- | | | | |
|---|--------------------|---|---------------------|
| | <u>Not helpful</u> | | <u>Very helpful</u> |
| 3. Rate the Site Coordinator materials. | 1 | 2 | 3 4 5 |

4. Any comments on the materials or overall communication about the event?
5. Describe any problems you had receiving the Web streamed Child Welfare conference.
6. What is your overall assessment of the conference?
7. Please use the back side of this form to write any additional comments about this conference.

Site coordinators: please also complete a participant evaluation form.

Send all forms 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 May 10, 2019

THANK YOU FOR SERVING AS THE SITE COORDINATOR!