

Appendix F.1

The following email message was sent to MCH2010 Panel of Experts after Meeting #1.

Dear MCH2010 Panel Member:

Thank you for your participation in our first Maternal Child Health (MCH) Needs Assessment meeting on June 25th, 2004. Before we finalize plans for the second meeting, please take a moment to answer these questions. Your feedback will help us make this assessment process, with the ultimate goal of improving the health of Kansas women and children, as effective as possible.

1. What part of the process so far have you found to be **most** valuable? Why?
2. What part of the process so far have you found to be **least** valuable? Why?
3. What additional comments or suggestions do you have?

Thank you for your feedback. We look forward to seeing you August 16th for the next meeting.



Appendix F.2

Panel of Experts Evaluation Form Meeting #2

Please complete this evaluation form by the end of the day. Your feedback is important as we finish the needs assessment and move towards action. Please continue your comments on the back, as needed.

Workgroup: Pregnant Women & Infants Children & Adolescents CSHCN

1. Please rate:	Excellent	Good	Fair	Poor
a. Overall organization/structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meeting room(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lunch & snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality of presentation/instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Facilitation of workgroups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. What part of the process so far have you found to be the *most* valuable? Why?

3. What part of the process so far have you found to be the *least* valuable? Why?

4. Additional comments/suggestions you have:

Name (Optional) _____



Appendix F.3

Panel of Experts Evaluation Form Meeting #3

Please complete this evaluation form by the end of the day. Your feedback is important in finishing this process. Please continue your comments on the back, as needed.

Workgroup: Pregnant Women & Infants Children & Adolescents CSHCN

1. Please rate:	Excellent	Good	Fair	Poor
a. Overall organization/structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meeting room(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lunch & snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality of presentation/instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Facilitation of workgroups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. What part of the process have you found to be the *most* valuable? Why?

3. What part of the process have you found to be the *least* valuable? Why?

4. Additional comments/suggestions you have:

Name (Optional) _____