

## Strengthening Chicago's Youth (SCY) Event Questionnaire

This form must be completed for any proposed Trainings, Presentations, Workshops, etc. If you have any questions, please contact:

Kelli Day  
SCY Operations Manager  
312-227-7077  
kday@luriechildrens.org

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### LEAD PRESENTER/MODERATOR INFORMATION

*The information provided will be listed on promotional materials with the exception of contact information unless permission is granted.*

Name/Designation:

Title/Department:

Organization:

Contact Info

Email:

..... Phone:

Address:

City:

State:

Zip:

Is it okay to share contact info with training attendees?

Yes

No

Brief Bio (short paragraph):

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### CO-PRESENTERS/MODERATORS

How many?

*Please complete the SCY Event Co-Presenter/Moderator Form for each.*

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## PRESENTATION DETAILS

Topic:

Presentation Title (if different than Topic):

Summary (2-3 sentences):

Learning Objectives (2-3 is ideal):

1.

2.

3.

Have you given this presentation or similar before?

No

Yes, please describe:

May we share your presentation with attendees?  Yes  No

Will you provide any hand-outs?

No

Yes, please describe:

Is there any external event/timing that this training/presentation would complement? (i.e. awareness month/week, initiative launch, press release, etc.)

No

Yes, please describe:

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### Standard SCY Training/Presentation Format (Total = 2 hours)

*To date, all SCY trainings/presentations have been in-person, however, if you are interested in a webinar platform, we are happy to discuss.*

1. SCY Intro & Networking Icebreaker (15-20 minutes including 5-10 minute late start)
2. Training (90-100 minutes)
  - a. Presentation (15-75 minutes)
  - b. Interactive Activity (30-75 minutes)
3. Wrap-up (5-10 minutes)

Training/Presentation Format:  Standard  Custom

If Standard, please complete the following:

Presentation length (in minutes):  15  30  45  60  75

Describe relevant interactive activity (*if none, SCY will work with you to design*):

Interactive activity length (in minutes):  30  45  60  75

If Custom, please provide tentative agenda outline:

Target Audience (choose all that are relevant):

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Policy/Advocacy/ Community Organizing | <input type="checkbox"/> Program Management   | <input type="checkbox"/> Educators   |
| <input type="checkbox"/> Clinical/Mental Health/Health Care    | <input type="checkbox"/> Youth                | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> Other Direct Service                  | <input type="checkbox"/> Parents              | <input type="checkbox"/> Businesses  |
| <input type="checkbox"/> Research/Evaluation                   | <input type="checkbox"/> Media/Communications | <input type="checkbox"/> Other       |
|  | <input type="checkbox"/> Funders              | <input type="checkbox"/> All         |

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## PRESENTATION SET-UP

Any limitation to audience size?

Yes, please list maximum:

No

Location:

Lurie Children's, 225 E. Chicago Avenue, Chicago, IL 60611

In the community, please list preferred location:

Preferred set-up (see set-up schematic):

Classroom

Custom, please describe:

Lecture

Small Group

Boardroom

Presentation Aids (check all that are needed):

*All Lurie Children's conference spaces are equipped with computer and laptop adaptor, MacBook adapters will need to be provided by speaker/moderator.*

Podium

Art Supplies (e.g. clay, markers, construction paper, pipe cleaners, stickers, glitter, foam shapes, etc.), please describe:

Panel Table

Podium Mic

Panel Microphones

Hand-held Microphones (2)

Other, please describe:

Hands-free Microphone

Projector/Screen

I will bring my own laptop

Flip-chart easels (includes paper & markers)

How many? (up to 4)

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### **ADDITIONAL INFORMATION**

Please list additional questions you would like added to the registration form (see registration example):

Please list additional questions you would like added to the evaluation provided to the audience at the end of the training (see evaluation form example):

Please use this space to provide any other information you believe is essential for us to know: