

**Survey of Current Fellows**  
**Evaluation of the NOAA Coastal Management Fellowship Program**  
**National Oceanic and Atmospheric Administration (NOAA),**  
**Coastal Services Center (Center)**  
**GEARS, Inc.**

Thank you for agreeing to take part in this survey of current fellows as part of the evaluation of the NOAA Coastal Management Fellowship Program. Your answers to the following questions will help us improve our understanding of the effectiveness of the fellowship program and how it impacts state coastal zone management programs and the professional goals of fellows. We are interested in your honest opinions, both positive and negative.

This survey will take approximately 35 minutes to complete. Your participation is completely voluntary and you may withdraw from the survey or refuse to answer any question at any time. There are no negative consequences should you decide not to participate in the survey. Only GEARS evaluation staff associated with this evaluation will have access to identifying information. Your survey will be combined with other surveys and only aggregate information will be reported in findings. Your responses will be held in the strictest confidence. All survey data will be kept in a secure location at GEARS and will be protected by GEARS to the extent allowed by the law. If you have any questions about the evaluation study, you can contact the lead evaluator, Dr. Deborah Brome, by telephone at 866-858-1261.

**Information about Your Fellowship**

---

*Please provide the following information about your fellowship.*

1. Which state coastal zone management program are you currently working?

---

2. Please indicate what year of the fellowship you are in. (Indicate only one)

1. First year
2. Second year

3. Please indicate the topic of the primary project you are working on during the fellowship.

---

---

4. Please indicate the topics of additional (side) projects you are working on, if applicable.

---

---

5. To date, please indicate the total number of coastal related conferences, workshops, and trainings you have attended as a fellow. \_\_\_\_\_

Of that number, how many did you attend using your fellowship professional development funds? \_\_\_\_\_

6. Please list all the conferences where you:

a. Made an oral presentation: \_\_\_\_\_

---

---

b. Made a poster presentation: \_\_\_\_\_

---

---

7. To date, have trainings and meetings helped to improve your knowledge and skill level?  Yes  No

8. To date, have trainings and meetings allowed you to expand your professional network?  Yes  No

9. To date, have you received constructive feedback from your mentor?  Yes  No

10. If you have received constructive feedback from your mentor, was it helpful?  Yes  No

11. If you have not received constructive feedback from your mentor, would you like to?  Yes  No

12. To date, have you had an opportunity to provide feedback to your mentor?  Yes  No

a. If you have not, would you like such an opportunity?  Yes  No

13. Do you read *Fellow News*?  Yes  No



If you read *Fellows News*, what do you find most appealing?

---

---

---

14. Do you use the Coastal Management Fellowship Program's website?

Yes  No

If yes, can you easily find the information you are looking for?

Yes  No

What type of information do you seek most often?

---

---

---

What topics or items currently not included on the website would you find useful?

---

---

---



## Skills

We would like to learn more about the **skills you have acquired during the fellowship program**. In the table below, please rate yourself on the skill areas provided, by placing an "x" in the appropriate box. First rate your skill level upon entering the program and then rate your skill, to date, as a consequence of being in the program

Skills	Ratings								
	Upon Entering					Since being in the Fellowship Program			
	Nonexistent	Poor	Fair	Good	Excellent	No Change	Slight Improvement	Moderate Improvement	High Improvement
Technology (GIS, remote sensing)									
Software Applications (Excel, Access, Word, etc.)									
Research (research design, data gathering, etc.)									
Management (organizational skills, planning, time management)									
Communication (written and oral)									
Interpersonal (conflict resolution, working in groups, networking, working one on one)									
Science (biology, chemistry, physics, social science, oceanography)									
Coastal Resource Management									
Coastal and Ocean Policy									
Project Specific: _____									



## Fellowship Resources

---

*Please provide your ratings and thoughts about fellowship resources by circling the number that best reflects your answer.*

1. How satisfied are you with the resources (hardware, software, office space, etc.) that the state coastal zone management program provides you to work on your project?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

2. How satisfied are you with the salary and benefits you receive for the fellowship?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

3. How satisfied are you with the networking opportunities available to you during the fellowship?

1-----	2-----	3-----	4-----	5	0
Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know

4. To date, how satisfied are you with the professional contacts you have made/developed during the fellowship?

1-----	2-----	3-----	4-----	5	0
Not at all Useful				Extremely Useful	Don't Know

5. To date, how helpful are the contacts you have had with other fellows during the fellowship program?

1-----	2-----	3-----	4-----	5	0
Not at all Helpful				Extremely Helpful	Don't Know

6. Has contact with other fellows, during the fellowship program, allowed you to learn about the projects of other state coastal zone management programs?

1-----	2-----	3-----	4-----	5
No, absolutely not		Uncertain/ Don't Know		Yes, definitely



7. How satisfied are you with the amount of communication with the Coastal Services Center?

1-----2-----3-----4-----5      0  
Very      Somewhat      Neither Satisfied      Somewhat      Very      Don't  
Dissatisfied      Dissatisfied      Nor Dissatisfied      Satisfied      Satisfied      Know

Please comment:

---

---

---

### Fellowship Training

---

*Please provide your ratings and thoughts about the training you have received in the fellowship. Where appropriate, circle the number that best reflects your answer.*

1. How useful is the formal and on the job training you receive in the fellowship?

1-----2-----3-----4-----5      0  
Not at all      Extremely      Don't  
Useful      Useful      Know

2. Overall, how would you rate the quality of the training and education you receive in the fellowship?

1-----2-----3-----4-----5      0  
Poor      Excellent      Don't Know

3. How would you rate the quality of the mentorship you receive in the fellowship?

1-----2-----3-----4-----5      0  
Poor      Excellent      Don't Know

4. To what extent is the fellowship program meeting your educational and professional needs?

1-----2-----3-----4-----5      0  
Not at all      A lot      Don't  
Know



5. In what ways can the fellowship better meet your educational and professional needs?

---

---

---

---

6. Would you recommend this fellowship to other students? \_\_\_ Yes \_\_\_ No

Why or why not?

---

---

---

---

7. If you could do it all again, would you choose to participate in the Coastal Management Fellowship Program?

1-----2-----3-----4-----5

No, absolutely not	Uncertain/ Don't Know	Yes, definitely	
-----------------------	--------------------------	--------------------	--

### Your Opinions

---

*Please provide your opinions, perspectives, and views for the following questions.*

1. What can state coastal zone management programs and the Center do to ensure that there is a good fit between the fellow's interests and expertise and the state's needs?

---

---

---

---



2. What are the strengths of the Coastal Management Fellowship Program?

---

---

---

---

3. What are the weaknesses of the Coastal Management Fellowship Program?

---

---

---

---

4. What suggestions do you have for improving the Coastal Management Fellowship Program?

---

---

---

---

## **Employment**

---

*Please provide information about your future employment goals.*

1. What are your future employment plans?

---

---

---

---







3. Are you planning to pursue further education? \_\_\_Yes \_\_\_No

4. If yes, please list the degree you will seek and the type of program you will enroll in. (e.g., Ph.D. in Marine Science)

---

---

### **Respondent Information**

---

*The following questions will be used to help describe survey participants and all information will be reported in aggregate form.*

1. What is your age? \_\_\_\_\_
2. What is your gender?
  1. Male
  2. Female
3. Please indicate your race. (Mark one or more.)
  1. American Indian or Alaska Native
  2. Asian
  3. Black or African American
  4. Native Hawaiian or Other Pacific Islander
  5. White
4. Please indicate your ethnicity. (Mark one.)
  1. Hispanic or Latino
  2. Not Hispanic or Latino

Thank you very much for your cooperation!

### **Paperwork Reduction Act Statement**

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this



burden estimate or any other suggestions for reducing this burden to Tom Fish, NOAA National Ocean Service, at 843-740-1271.

Respondents are not identified on their questionnaires, and any reports will present data in aggregate form only. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

