

Survey of Past 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 past 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 did you participate in the Coastal Management Fellowship?

2. Please indicate the two year period you participated in the Coastal Management Fellowship.

3. Of the 24-month fellowship period, how many months did you complete?

If less than 24 months, please explain why.

4. Please indicate the title/topic of the primary project you worked on during the fellowship.

5. Please indicate the topics of additional (side) projects you worked on, if applicable.

6. Was the project you worked on completed during the two year period of your fellowship?

___Yes ___No

7. What factors most contributed to the successful completion of your project?

8. Please indicate the total number of coastal related conferences, workshops, and trainings that you attended as a fellow. _____

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

9. Please list all the conferences where you:

a. Made an oral presentation: _____

b. Made a poster presentation: _____

10. Did the trainings and meetings you attended during the fellowship help increase your knowledge and skill level? ___Yes ___No



11. Did the trainings and meetings you attended during the fellowship allow you to expand your professional network? Yes No

12. During the fellowship, did you receive constructive feedback from your mentor? Yes No

13. If you did not receive constructive feedback, would you have liked to receive it? Yes No

14. Did you have an opportunity to provide feedback to your mentor? Yes No

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

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

16. 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 to have?



Skills

We would like to learn more about the skills you 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 upon completing (or leaving) the program.

Skills	Ratings								
	Upon Entering					Upon Program Completion			
	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									
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 were you with the resources (hardware, software, office space, etc.) that the state coastal zone management program provided you to work on your project?

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

2. How satisfied were you with the salary and benefits you received for the fellowship?

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

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

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

4. How useful were the professional contacts you made/developed during the fellowship?

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

5. How helpful were the contacts you had with other fellows during the fellowship program?

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

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

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



7. How satisfied were you with the amount of communication with the 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 received in the fellowship. Where appropriate, circle the number that best reflects your answer.

1. How useful was the formal and on the job training you received 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 received 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 received in the fellowship?

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

4. To what extent has the fellowship program met your educational and professional needs?

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



5. In what ways could the fellowship have better met your educational and professional needs?

6. Do you recommend this fellowship to other students? ___ Yes ___ No

Why or why not?

7. If you had to 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 or 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?

Current Employment

Please provide information about your current employment.

1. Are you currently employed? Yes No

*(If **no**, please skip this section)*

2. Are you currently employed in coastal resource management and policy? Yes No

3. If no, in what field are you currently employed? _____



4. How would you characterize your current employer? (indicate only one)

1. U.S. federal government
2. State or local government
3. Private/for profit sector
4. Nonprofit organization or foundation
5. College or university
6. Other _____
7. Not Sure

5. How helpful was your participation in the fellowship program to your employment search? (Circle the number that best reflects your answer.)

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

6. Did participation in the Coastal Management fellowship affect your ability to get your current position?

Yes No

Please explain:

7. Have you had the opportunity to apply the skills you gained during the Coastal Management Fellowship to your current position? Yes No

If yes, please explain.



Education Information

Please provide the following information about your educational experiences.

1. What is the highest degree you have completed?
 1. Master's
 2. Ph.D.
 3. Other _____
2. What was your major in this degree program? _____
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)

5. What is the highest degree you completed prior to the fellowship?
 1. Master's
 2. Ph.D.
 3. Other _____

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!

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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.

