

**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**

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*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.

\_\_\_\_\_

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

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

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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?

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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: \_\_\_\_\_

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

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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?

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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?

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

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## 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

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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







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

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

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

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### **Current Employment**

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*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? \_\_\_\_\_







## Education Information

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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

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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.

