

**Survey of Current State Coastal Zone Management Program Mentors**  
**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 state coastal zone management program mentors 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 40 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.

**Your Experiences**

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*Please answer the following questions about your experiences with the fellowship program.*

1. Which state coastal zone management program are you affiliated with? \_\_\_\_\_
2. How many fellows have you, personally, mentored? \_\_\_\_\_
3. In total, how many fellows has your state coastal zone management program had? \_\_\_\_\_
4. 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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5. 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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### **Your State Coastal Zone Management Program's Projects**

*Please answer questions about your fellow and his or her main project. If you have mentored more than one fellow, please provide that information under the section "Past Fellow and Project."*

### **Current Fellow and Project**

What year did your fellow arrive? (Check one)  2005  2006

1. What is your current fellow's project topic?

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2. Would you have been able to undertake and/or complete this project without this fellow?  Yes  No

Please explain:

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3. What is the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project?

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4. What skills are needed for your fellow to successfully conduct this project?

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5. Does your fellow have adequate skills to successfully conduct this project?  Yes  No

If no, what skills are underdeveloped or missing and how do you plan to rectify this situation?

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6. Is it possible that this project could be used as a model by other states?  Yes  No  Don't Know

Please explain:

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7. Do you expect this project to be integrated into, or utilized by, your state's coastal zone management program? \_\_Yes \_\_No

Please explain why or why not, and if yes, how and when do you anticipate it being integrated or utilized (immediately after completion, 6 months later, one year later, etc.)?

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8. To date, please indicate your overall satisfaction level associated with your fellow's performance. (Circle the number that best reflects your answer.)

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

9. How satisfied are you with the mentorship you provide your fellow? (Circle the number that best reflects your answer.)

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

10. What additional resources would be helpful to prepare for, maintain or improve the mentorship of your fellow (e.g., mentor training, support network, etc.)?

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*If you mentored a previous fellow, please complete the following, if not, please skip this section:*

**Past Fellow and Project**

What year did your fellow arrive: \_\_\_\_\_

1. What was your past fellow's project topic?

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2. Would you have been able to undertake and/or complete this project without this fellow?  Yes  No

Please explain:

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3. What was the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project?

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4. What skills were needed for your fellow to successfully conduct this project?

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5. Did your fellow have adequate skills to successfully conduct this project? \_\_Yes \_\_No

If no, what skills were underdeveloped or missing?

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6. Has your project become a model that has been used by other states? \_\_Yes \_\_No \_\_Don't Know

Please explain including how, by whom, and when it's been used:

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7. Was this project integrated into or utilized by your state coastal zone management program? \_\_Yes \_\_No

Please explain why or why not and if yes, how and when was this project integrated or utilized (immediately after completion, 6 months later, or one year later, etc.)?

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8. Overall, how satisfied were you with your fellow's performance? (Circle the number that best reflects your answer.)

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

9. How satisfied were you with the mentorship you provided your fellow? (Circle the number that best reflects your answer.)

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





Please comment:

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5. If only three states were selected each year to host a fellow, would your state still apply? \_\_Yes \_\_No

6. To what extent are you satisfied with your state's ability to address a high priority issue through the fellowship program? (Circle the number that best reflects your answer.)

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

7. To what extent has the fellowship program met your state coastal zone management program's needs? (Circle the number that best reflects your answer.)

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

**Selection of Fellows and Operation of the Program**

*In answering the following questions, consider your current fellow and project.*

1. Was the matching workshop an effective mechanism to select an individual with skills and experiences necessary to complete your state's project? Why or why not?

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