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# Survey of Past 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 to your decision 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.

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|              | 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 use  | eful to h | ave? |
|              |  |           |      |
|              |  |           |      |
|              | ur State Coastal Zone Management Program's Projects  |           |      |
| 1            | ur source of assure 20110 11 2 11 11 11 11 11 11 11 11 11 11 11 1  |           |      |
| 20           | ease answer questions about your fellow and his or her main project. If you have   |           |      |
| e<br>e       | ease answer questions about your fellow and his or her main project. If you have<br>the fellow, please provide that information under the section "Past Fellow #2 and  |           |      |
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| e<br>e<br>ıs | wase answer questions about your fellow and his or her main project. If you have fellow, please provide that information under the section "Past Fellow #2 and st Fellow #1 and Project  What year did your fellow arrive:  What was your past fellow's project topic?  Would you have been able to undertake and/or complete this project without the section are made to the project | his fello | ow?  |

| What was the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project? |
|---|
|   |
|   |
|   |
| What skills were needed for your fellow to successfully conduct this project?   |
|   |
|   |
| Did your fellow have adequate skills to successfully conduct this project? YesNo  |
| f no, what skills were underdeveloped or missing?   |
|   |
| Has your project become a model that has been used by other states?   |
| YesNoDon't Know Please explain including how, by whom, and when it's been used:   |
|   |
|   |
|   |
|   |

| /. | was uns project                      | integrated into or  | utilized by your state                     | coastai zone ma       | Yes                 |               |  |  |
|----|--------------------------------------|---|--|-----------------------|---------------------|---------------|--|--|
|    |                                      | nd if yes, how and onths later, or one  | when was this projec<br>year later, etc.)? | t integrated or ut    | ilized (immedia     | tely after    |  |  |
|    |                                      |   |  |                       |                     |               |  |  |
|    |                                      |   |  |                       |                     |               |  |  |
| 8. |                                      | Overall, how satisfied were you with your fellow's performance? (Circle the number that best reflects your answer.) |  |                       |                     |               |  |  |
|    |                                      |   | 3  |                       |                     | 0             |  |  |
|    | Very<br>Dissatisfied                 | Somewhat<br>Dissatisfied  | Neither Satisfied<br>Nor Dissatisfied      | Somewhat<br>Satisfied | Very<br>Satisfied   | Don't<br>Know |  |  |
| 9. | How satisfied w<br>reflects your ans |   | nentorship you provide                     | ed your fellow?       | (Circle the numb    | er that bes   |  |  |
|    | 1                                    | 2   | 3  | 4                     | 5                   | 0             |  |  |
|    | Not at all<br>Dissatisfied           | Somewhat<br>Dissatisfied  | Neither Satisfied<br>Nor Dissatisfied      | Somewhat<br>Satisfied | Extremely Satisfied | Don't<br>Know |  |  |
|    | you mentored a so                    | , , <u>, , , , , , , , , , , , , , , , , </u>   | se complete the follov                     | ving, if not pleas    | se skip this secti  | on:           |  |  |
|    |                                      |   | What year did yo                           | our fellow arrive:    |                     |               |  |  |
| 1. | What was your j                      | past fellow's proje   | ct topic?                                  |                       |                     |               |  |  |
|    |                                      |   |  |                       |                     |               |  |  |
|    |                                      |   |  |                       |                     |               |  |  |
|    |                                      |   |  |                       |                     |               |  |  |
| 2. | Would you have                       | been able to unde   | ertake and/or complete                     | this project with     |                     | ?<br>No       |  |  |
|    | @                                    |   |  |                       |                     |               |  |  |

|    | Please explain:   |
|----|---|
|    |   |
|    |   |
|    |   |
| 3. | What was the contribution (e.g., \$\$\$, human resources, equipment, travel, training, etc.) from your state coastal zone management program toward this project? |
|    |   |
|    |   |
|    |   |
| 4. | What skills were needed for your fellow to successfully conduct this project?   |
|    |   |
|    |   |
|    |   |
| 5. | Did your fellow have adequate skills to successfully conduct this project? YesNo  |
|    | If no, what skills were underdeveloped or missing?  |
|    |   |
|    |   |
|    |   |
|    |   |

| 6. | Has your project                   | become a model        | that has been used by                             |                       | NoD                    | on't Know       |
|----|------------------------------------|-----------------------|---|-----------------------|------------------------|-----------------|
|    | Please explain in                  | ncluding how, by w    | whom, and when it's b                             | een used:             |                        |                 |
|    |                                    |                       |   |                       |                        |                 |
|    |                                    |                       |   |                       |                        |                 |
| 7. | Was this project                   | integrated into or    | utilized by your state                            | coastal zone mai      | nagement progra<br>Yes |                 |
|    |                                    |                       | l if yes, how and when<br>nonths later, or one ye |                       | t was integrated       | or utilized     |
|    |                                    |                       |   |                       |                        |                 |
| 8. | Overall, how sat your answer.)     | isfied were you wi    | ith your fellow's perfo                           | ormance? (Circle      | the number tha         | t best reflects |
|    |                                    | 2                     | 3   | A                     | 5                      | 0               |
|    |                                    |                       | _   |                       | -                      | Don't           |
|    | Dissatisfied                       | Dissatisfied          | Neither Satisfied<br>Nor Dissatisfied             | Satisfied             | Satisfied              | Know            |
| 9. | How satisfied we reflects your ans |                       | nentorship you provide                            | ed your fellow? (     | Circle the numb        | per that best   |
|    | 1                                  | 2                     | 3   | 4                     | 5                      | 0               |
|    | Not at all Dissatisfied            | Somewhat Dissatisfied | Neither Satisfied<br>Nor Dissatisfied             | Somewhat<br>Satisfied | Extremely Satisfied    | Don't<br>Know   |

### **Fellowship Program Resources**

In answering the following questions, consider all your former fellows and their projects collectively.

| How satisfied were you with the resources (hardware, software, office space, etc.) that your state coastal zone management program was able to provide to your fellow(s)? (Circle the number that best reflects your answer.) |                      |  |                  |                     |                    |  |
|---|----------------------|--|------------------|---------------------|--------------------|--|
| 1   | 2                    | 2  | 4                | 5                   | 0                  |  |
| Very<br>Dissatisfied  | Somewhat             | Neither Satisfied Nor Dissatisfied             | Somewhat         | Very                | 0<br>Don't<br>Know |  |
|   |                      | For both you and your a's overall experience   |                  |                     | our state          |  |
|   |                      |  |                  |                     |                    |  |
| and policy for the  | e state? (Circle the | improving, enhancing<br>e number that best ref | lects your answe | er.)                | managemei          |  |
|   | 2                    | 3  | 4                |                     | 0                  |  |
| Not at all<br>Effective   |                      |  |                  | Extremely Effective | Don't<br>Know      |  |
| Please comment:   |                      |  |                  |                     |                    |  |
|   |                      |  |                  |                     |                    |  |
|   | salaries and bene    | our state would be ab                          |                  |                     |                    |  |
| 1   | 2                    | 3  | 4                | 5                   | 0                  |  |
| Not at all  | <u>~</u>             | 3  | ,                | Extremely           | Don't              |  |
| Likely  |                      |  |                  | Likely              | Know               |  |



|      | Please comment:  |                    |   |                  |                   |                 |  |
|------|--|--------------------|---|------------------|-------------------|-----------------|--|
|      |  |                    |   |                  |                   |                 |  |
| 5.   | If only three state  | es were selected e | ach year to host a fello                        | ow, would your s | state still apply |                 |  |
| ó.   | To what extent were 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                  | 33  | 4                | 5                 | 0               |  |
|      | Very   | Somewhat           | Neither Satisfied<br>Nor Dissatisfied           | Somewhat         | Very              | Don't           |  |
| 7.   |  |                    | program meet your sta<br>t reflects your answer |                  | nanagement p      | orogram's       |  |
|      | 1<br>Not at all  | 2                  | 3   | 4                | 5<br>A lot        | 0<br>Don't know |  |
| Sel  | ection of Fellows  | and Operation o    | of the Program                                  |                  |                   |                 |  |
| 'n c | answering the follo  | owing questions, o | consider your current                           | fellow and proje | ect.              |                 |  |
|      |  | •                  | Pective mechanism to your state's project?      |                  |                   | and             |  |
|      |  |                    |   |                  |                   |                 |  |
|      |  |                    |   |                  |                   |                 |  |
|      |  |                    |   |                  |                   |                 |  |



#### **Fellows Training and Education**

In answering the following questions, consider your current fellow and project. 1. How useful was the formal and on-the-job training provided to fellows during their fellowship period? (Circle the number that best reflects your answer.) 1------3-------4--------5 0 Extremely Don't Not at all Useful Useful Know 2. How satisfied were you with the amount of contact you have had with your fellow during the fellowship program? (Circle the number that best reflects your answer.) 1------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 professional contacts your fellow made/developed during the fellowship? (Circle the number that best reflects your answer.) 1-----3------4------5 0 Somewhat Neither Satisfied Somewhat Very Don't Very Dissatisfied Dissatisfied Nor Dissatisfied Satisfied Satisfied Know 4. Has your state coastal zone management program been able to learn from other state coastal zone management programs through fellow contacts? \_\_\_Yes \_\_\_No Please explain: 5. Overall, how effective was the Coastal Management Fellowship Program in providing training to post graduate students in coastal resource management and policy? (Circle the number that best reflects your answer.)

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



Not at all

Effective

Extremely

Effective

0

Don't

Know

#### **Fellowship Program: General Comments**

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

Thank you very much for your cooperation!

#### **Paperwork Reduction Act Statement**

Public reporting burden for this collection of information is estimated to average 40 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.

