

**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.

### **Your Experiences**

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*Please answer the following questions about your experiences with the fellowship program at the time that you served as a mentor.*

1. At the time that you served as a mentor, which state coastal zone management program were you a part of?

\_\_\_\_\_

2. How many fellows have you personally mentored?

\_\_\_\_\_

3. In total, how many fellows has your state 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**

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*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 #2 and Project."*

#### **Past Fellow #1 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 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  
Not at all                  Somewhat                  Neither Satisfied                  Somewhat                  Extremely                  Don't  
Dissatisfied                  Dissatisfied                  Nor Dissatisfied                  Satisfied                  Satisfied                  Know

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

**Previous Fellow #2 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 was 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
Not at all	Somewhat	Neither Satisfied	Somewhat	Extremely	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know



**Fellowship Program Resources**

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

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

2. What types of training or support for both you and your fellow(s) could have improved your state coastal zone management program's overall experience with the fellowship program?

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3. How effective is the fellowship in improving, enhancing or augmenting coastal resource management and policy for the state? (Circle the number that best reflects your answer.)

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

Please comment:

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4. In the future, how likely is it that your state would be able to contribute additional matching funds towards fellows' salaries and benefits (up from the current \$7500 per year)? (Circle the number that best reflects your answer.)

1-----	2-----	3-----	4-----	5-----	0
Not at all				Extremely	Don't
Likely				Likely	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 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-----	3-----	4-----	5-----	0
Very	Somewhat	Neither Satisfied	Somewhat	Very	Don't
Dissatisfied	Dissatisfied	Nor Dissatisfied	Satisfied	Satisfied	Know

7. To what extent did the fellowship program meet 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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