*Please take a few minutes to provide feedback about your experience at this Regional Educational Laboratory event. Your participation is voluntary. Your responses to this survey will be kept confidential and results will be used as a group only to improve future events. No individual responses will be reported.*



**EVENT TITLE: pre-printed information**

#### LOCATION: *pre-printed information* DATE(S): *pre-printed information*

PRESENTER(S): *pre-printed information*

*For Questions 1 – 23, please indicate the extent to which you agree or disagree with the following statements about the session.*

1 – I Strongly Disagree with this statement (SD).

2 – I Disagree with this statement (D).

3 – I Neither agree nor disagree with this statement (N).

4 – I Agree with this statement (A).

5 – I Strongly Agree with this statement (SA).

NA – Not Applicable (NA).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Presenter(s) *(or insert another title such as practitioner panel, research presenter, delete if not applicable)* | **SD** | **D** | **N** | **A** | **SA** | **NA** |
| 1. The presenter(s) was (were) well-prepared, knowledgeable, and professional. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter(s) explained the research evidence clearly. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter(s) tailored the information to participant needs. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter(s) responded appropriately to questions and comments. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The presenter(s) clearly connected research evidence to practical implementation | 1 | 2 | 3 | 4 | 5 | NA |
| < Insert Respondent Type> *(insert a title such as practitioner panel, research presenter, etc, delete if not applicable)* | **SD** | **D** | **N** | **A** | **SA** | **NA** |
| 1. The <enter respondent type> had relevant knowledge and experience. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The <enter respondent type> delivered their messages clearly and provided useful responses to questions and comments. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The <enter respondent type> helped link the research evidence to the regional/local context. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The <enter respondent type> clearly connected research evidence to practical implementation. | 1 | 2 | 3 | 4 | 5 | NA |
| Event Structure, Relevance, and Utility | **SD** | **D** | N | **A** | **SA** | **NA** |
| 1. The goals for the event were clearly stated at or before the beginning of the meeting. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The structure of the event was appropriate for meeting the stated goals. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. As a result of my attendance, I *<insert event objective 1>* | 1 | 2 | 3 | 4 | 5 | NA |
| 1. As a result of my attendance, I *<insert event objective 2>* | 1 | 2 | 3 | 4 | 5 | NA |
| 1. As a result of my attendance, I *<insert event objective 3>* *(insert/delete objectives as necessary)* | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The format of the event provided ample opportunity and encouragement for participants to meaningfully interact with each other. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The format and content of the event were useful in helping me understand how to implement research evidence in my work. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I will share the information I learned at the event with my colleagues. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am likely to attend future REL-sponsored events. | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the overall quality of this event. | 1 | 2 | 3 | 4 | 5 | NA |

**Paperwork Burden Statement**

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is* ***1800-0011****. The time required to complete this information collection is estimated to average* ***10 minutes*** *per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.* ***If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:*** *U.S. Department of Education, Washington, D.C. 20202-4537.* ***If you have comments or concerns regarding the status of your individual submission of this form, write directly to:*** *Karen Armstrong, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Avenue NW, Room 504C, Washington, D.C. 20208-5500.*

1. What aspects of the event were most helpful and why?

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1. What additional follow up activities would help you increase your knowledge of today’s topic or help you apply it to your own work?

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1. What part of this event would you suggest changing to make it better for future participants (structure, presenters, audience participation, etc)?

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1. As a result of my attendance at *<insert title>,* I plan to take the following action steps:

a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Respondent Information

Which of the following best describes the field in which you work? (Please choose only one)

* College Instructor/Professor
* Congressional or state legislator staff member
* Consultant or service provider to education entities
* Curriculum or services salesperson or marketer
* Curriculum specialist
* Director or staff member of an education or public policy organization
* Graduate student
* Librarian
* Journalist, writer or reporter
* Other school-level administrator
* Policy maker or legislator, at federal, state, or local level
* Principal/Vice-Principal
* Researcher or analyst
* School board member
* School district central office staff
* School superintendent/Assistant-superintendent
* State-level advisor or board member
* State-level education administration
* Teacher/Educator
* U.S. Department of Education staff member
* Other *(Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. In what State/Territory is your work based? *(drop down list if on-line)*
2. Which of the following best describes the business or organization in which you work?

* College or university (including junior, community, or technical college)
* Curriculum or textbook developer/publisher
* Elementary or secondary school (including vocational high schools)
* Federal agency
* Independent consultant
* Media
* Not-for-profit organization
* Professional association or union
* Research organization
* School District
* Software developer/publisher
* Other:*(please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*