

**U.S. Department of Education  
Equity Assistance Centers Program  
Client Survey**

**For Summer 2008 through School Year 2008-2009**

Dear Respondent: Your response is essential to help assess and improve the Equity Assistance Centers Program. All responses are confidential. No individual respondents or organizations will be identified. Thank you for your help. If you have any questions, please contact Sandra Meditz at the Library of Congress (phone: 202-707-2888; email: [smed@loc.gov](mailto:smed@loc.gov)).

**Instructions**

1. Please fill out this electronic form.
2. Save your completed electronic form under a new file name using "Save As."
3. Return your completed electronic form as an email attachment to [patmil@loc.gov](mailto:patmil@loc.gov) by April 17, 2009.

**The Equity Assistance Center (EAC) that serves your region is:**

**[PREFILL THE NAME OF THE EAC FOR THIS RESPONDENT – BIG CAPS & BOLD]**

**A Few Examples of EAC Services**

EACs provide training, planning, consultation, workshops, and other services together with materials and online resources in areas such as, for example:

1. Legal requirements related to non-discrimination on the basis of race, gender, and national origin in education programs.
2. Harassment, hate crimes, racial prejudice, bullying, and civil rights conflicts.
3. Programs for Limited English Proficient (LEP) students.
4. Culturally relevant instruction.

1. Did your organization receive services from the EAC anytime during the period from summer 2008 through school year 2008-2009?

- a. Yes  (PROCEED TO QUESTION 2)
- b. No  (THANK YOU, PLEASE RETURN THE SURVEY)
- c. Don't know  (THANK YOU, PLEASE RETURN THE SURVEY)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this survey is 1800-0011 and will expire on 07/31/2011. The time required to complete this survey is estimated to average 7 minutes per respondent, including the time to review instructions and complete the survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4537. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Elementary and Secondary Education, U.S. Department of Education, Lyndon Baines Johnson Building, 400 Maryland Avenue, SW, Washington, DC 20202.

2. As a result of EAC services, did your organization develop, implement, or improve its policies or practices - or both - in any of the following areas? (Check one response in each row.)

	Yes	No	Don't Know
a. Eliminating, reducing, or preventing harassment, conflict, and school violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Addressing over-representation of minorities in Special Education or under-representation of minorities in Gifted and Talented programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ensuring that students of different race, sex, and national origin have equitable opportunity for high-quality instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Improving academic opportunities for Limited English Proficient (LEP) students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ensuring culturally relevant instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rate the quality of the EAC products and services you received anytime during the period from summer 2008 through school year 2008-2009. (Check one response.)

Very Low	Low	Medium	High	Very High
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please rate the usefulness to your organization's policies and practices of the EAC products and services you received anytime during the period from summer 2008 through school year 2008-2009. (Check one response.)

Very Low	Low	Medium	High	Very High
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Why did your organization request services from the EAC instead of choosing another organization? (Use as much space as you need.)

---



---



---

6. As a result of EAC services, is your organization more effective at meeting its goals in the areas of these services?

Not at All	Somewhat	Moderately	Much	Very Much
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and provide any evidence. (Use as much space as you need.)

---



---



---

7. Does the EAC need to increase or decrease its delivery of the following services, or is the amount of services about right? (Check one answer in each row.)

	<u>More Services Are Needed</u>	The Amount of Services Is <u>About Right</u>	<u>Fewer Services Are Needed</u>
a. Tailoring services to meet specific client needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Planning services with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Identifying Internet website resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Providing materials and other resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Offering conferences, workshops, and seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing video-conferencing or distance-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

learning services

8. Please provide any additional suggestions or comments about EAC products and services. (Use as much space as you need.)

---

---

---

**Thank you very much for your participation!**