Technology-Based Learning Customer Survey

This survey is being conducted as part of an evaluation of online and technology-based learning programs. The evaluation is being carried out by Social Research Policy Associates for the Department of Labor, which provided funding for the learning program in which you participated. The purpose of this study is to learn how well the program served your needs and whether you are satisfied with the program. Your opinions are very important to us, and we ask that you please take the time to complete this survey.

Disclosure Statement

Your responses will help us better understand the effectiveness of online and technology-based learning programs. Individual responses will not be attributed to specific individuals or organizations. Responses to this data collection will be used only for statistical purposes. The reports prepared from this survey will summarize findings across the sample and individual forms will not be available to anyone outside the study team, except as required by law.

Public Burden Statement

According to the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Responding to this questionnaire is voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of Policy Development and Research, Room N5641, 200 Constitution Avenue, NW, Washington, D.C. 20210.

Do NOT send the completed questionnaire to this address.

Customer Satisfaction Survey

These first questions ask about your background before you enrolled in the technology-based training program offered by [*Grantee Name*].

1. Prior to enrolling in this program, had you ever participated in any kind of online or technology-based courses before? *(This can include courses that use electronic technology like online or web-based learning, intranets, satellite broadcasts, audio and video conferencing, bulletin boards, chat rooms, webcasts, and CD-ROM.)* *(PLEASE CIRCLE ONE RESPONSE)*

   1........Yes

   2........No

   99.......Don't know/Not sure

2. Prior to enrolling in this program, how would you rate your skill level at using the internet? *(PLEASE CIRCLE ONE RESPONSE)*

   1……..Beginner

   2……..Intermediate

   3……..Advanced

   4……..Expert

3. Prior to enrolling in this program, what was highest level of school you had completed? *(PLEASE CIRCLE ONE RESPONSE)*

   1……..Have not received High School Diploma or GED

   2……..High School Diploma or GED

   3……..Some college, but no degree

   4……..Associate's Degree (AA/AS)

   5……..Bachelor's Degree (BA/BS)

   6……..Graduate Degree

4. What was your **primary** objective in deciding to enroll in this technology-based training program? *(PLEASE CIRCLE ONE RESPONSE. If you had more than one objective please think of the main reason you enrolled.)*

   1……..Upgrade skills for current job

   2……..Upgrade skills to get a promotion/new job or to re-enter the workforce

   3……..Re-train for new career

   4……..To advance your educational goals

   5……..Suggested or required by your employer

   6……..Other (Please specify):_____

5. Why did you decide to enroll in this technology-based training program instead of a traditional classroom-based program?
(PLEASE CIRCLE ALL THAT APPLY)

   1……..Distance or lack of transportation to classroom-based course

   2……..Provided flexibility with my life responsibilities (i.e. work, housework, family life)

   3……..The program was not offered off-line

   4……..Preference for self-paced instruction

   5……..Interest in technology or the internet

   6……..Other (Please specify):_____

6. Were you employed in a paid job at the time you enrolled in this program? *(A paid job means working for an employer, working in a family-run business, or self-employment; and can include full- or part-time employment.)*
(PLEASE CIRCLE ONE RESPONSE)

   1……..Yes

   2……..No → [Skip to question 11]

7. When you enrolled in this program, did you expect to be unemployed soon? *(Expecting unemployment means that you received a notice of termination of employment, your employer issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility was closing, or are a transitioning service member.)*
(PLEASE CIRCLE ONE RESPONSE)

   1……..Yes

   2……..No

   99…..Don't know/Not sure

The next few questions ask about the job you were working at when you enrolled in this technology-based training program. If you had more than one job, please answer the questions about the job where you earned the most money.

8. At the time you enrolled in this training program, did you work full-time or part-time at this job?
(PLEASE CIRCLE ONE RESPONSE)

   1……..Full-time

   2……..Part-time

   99……Don't Know

9. At the time you enrolled in this program, approximately how many hours did you work in a typical week at your job?

_____ (=number of hours worked in a typical week)

99……Don't Know

10. At the time you enrolled in this program, what was your wage or salary? *(Please include overtime pay, tips, commissions, or bonuses __before__ taxes or other deductions. Please provide an amount, in dollars and cents, and select a response to indicate if this is per hour, week, month, or year.)*

|__|__|__|,|__|__|__| · |__|__|
   dollars   cents

1……..Per hour

2……..Per week

3……..Per month

4……..Per year

These next questions ask about the technology-based training program offered by [*fill Grantee name*] in which you were enrolled. For these questions a training program is defined as a course or series of courses designed to lead to at least one degree, credential, or certificate.

11. Which of the following best describes the area this program was in?
(PLEASE CIRCLE ONE RESPONSE)

1……..Advanced Manufacturing

2……..Computer Automation/Robotics

3……..Construction

4……..Direct Care for Adults

5……..Energy Management

6……..Geographic Information System (GIS)

7……..Information Technology (IT)

8……..Nursing

9……..Transportation (i.e. truck driving, mechanics)

10……Other (Please specify):_____

11……Don't Know/Not Sure

12. Approximately how many weeks did you spend in your training program? (Please think about the time you spent doing online or technology-based learning as well as in-person class/lab time.)

_____ (=number of weeks in training program)

99……Don't know

13. During your training program, about how many hours did you spend participating in course activities in an average week? *(Please include any time spent in online class, doing online assignments or modules, in-person class time, laboratory sections, and homework.)*

    _____   (=number of hours per week in training programs)

    99……Don't Know

14. When you needed to use a computer to access your training program, which one of the following computers did you use most often?
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Personal home computer or laptop

    2……..Work computer

    3……..Computer owned by the training program (i.e. school computer, computer lab, loaned

        laptop)

    4……..One-Stop Career Center computer

    5……..Public library computer

    6……..Other place (Please specify):_____

15. When you were using the ***online or technology-based*** portion of your training program, did you typically:

    1……..Have scheduled sessions/classes with an instructor

    2……..Work on your own time without scheduled sessions/classes

    3……..Use a combination of both types

    99……Don't Know/Not Sure

16. How frequently did you have ***in-person*** class or lab sections with an ***instructor*** during your program? *(Please do not include lab sections or internships/externships where your instructor was not present.)*
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Regularly

    2……..Occasionally

    3……..Rarely

    4……..Never

17. How frequently did you have **in-person** contact with other **students** in your program, such as in-person class, lab sections, group projects, study groups, etc.?
(PLEASE CIRCLE ONE RESPONSE)

   1……..Regularly

   2……..Occasionally

   3……..Rarely

   4……..Never

18. How frequently did you have **remote** contact with an **instructor** during your program, such as during instruction, over email, in chat rooms, on bulletin boards, etc.?
(PLEASE CIRCLE ONE RESPONSE)

   1……..Regularly

   2……..Occasionally

   3……..Rarely

   4……..Never

19. How frequently did you have **remote** contact with other **students** in your program, such as during instruction, over email, in chat rooms, on bulletin boards, etc.?
(PLEASE CIRCLE ONE RESPONSE)

   1……..Regularly

   2……..Occasionally

   3……..Rarely

   4……..Never

20. **The next several questions are about the instruction you received during your training program. Please think about your overall program, including online or technology-based components and in-person class/lab time (if applicable).**

Please indicate how much you agree or disagree with the following statements about your training program. If you were enrolled in more than one course during your program, please respond thinking about the course in which you spent the greatest number of hours.
*(PLEASE CIRCLE **ONE** RESPONSE FOR **EACH** STATEMENT)*

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure/ Not Applicable
a.	The instruction I received during my training program was satisfactory.	1	2	3	4	99
b.	The instructor was available to answer questions.	1	2	3	4	99
c.	The instructor provided timely feedback on my progress.	1	2	3	4	99
d.	The frequency of student and instructor interaction was adequate.	1	2	3	4	99
e.	The frequency of student-to-student interaction was satisfactory.	1	2	3	4	99
f.	I felt like I was part of a learning community.	1	2	3	4	99

21. The next several questions are about computer or technical matters related to your participation in the training program. Please indicate how much you agree or disagree with the following statements about your program.
*(PLEASE CIRCLE **ONE** RESPONSE FOR **EACH** STATEMENT)*

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure/ Not Applicable
a.	The computer skills I brought into the training were adequate to use the program.	1	2	3	4	99
b.	I had sufficient computer access to be able to fully participate in the program.	1	2	3	4	99
c.	If I needed it, my training program gave me adequate support for technical or computer problems.	1	2	3	4	99
d.	I encountered technical or computer difficulties that affected my learning.	1	2	3	4	99

22. These next questions ask about the structure of your training program. Unless specified, please think about your overall program, including online or technology-based components as well as in-person class/lab time (if applicable).

Please indicate how much you agree or disagree with the following statements about your training program. If you were enrolled in more than one course during your program, please respond thinking about the course in which you spent the greatest number of hours.
*(PLEASE CIRCLE **ONE** RESPONSE FOR **EACH** STATEMENT)*

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure/ Not Applicable
a.	This program was a convenient way to participate in training.	1	2	3	4	99
b.	I was satisfied with the pace of learning during my program.	1	2	3	4	99
c.	The program provided flexibility with my life responsibilities (work, studies, travel, housework, and family life).	1	2	3	4	99
d.	It was easy to use the online portion of the program.	1	2	3	4	99
e.	It took too much time to use the online or technology-based portion of program.	1	2	3	4	99
f.	It is more difficult to understand course content with online or technology-based learning as opposed to traditional classroom instruction.	1	2	3	4	99

23. What other services did you receive through [*fill Grantee name*] during training?
    (PLEASE CIRCLE ALL THAT APPLY)

    1……..Assessment of computer skills

    2……..Assessment of vocational or career interests or abilities

    3……..Basic/remedial math, reading, or writing classes

    4……..Career counseling

    5..……Child care assistance

    6..……English as a Second Language (ESL) instruction

    7……..English/math skills assessment (i.e. placement test, TABE test)

    8..……Financial assistance for test/licensing fees

    9..……In-kind financial assistance (i.e. donated computers, internet connection)

    10…...Job placement assistance

    11…...Local job market information/counseling

    12…...Regular meetings with a case manager/counselor to discuss progress toward

        employment/educational goals

    13…...Resume writing, interviewing skills, or appropriate workplace behavior
        training/classes

    14…...Transportation assistance

    15…...Tuition assistance

    16……Other (Please specify):_____

24. Did you complete the training program you were enrolled in?
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Yes → [Skip to question 26]

    2……..No

25. What are the reasons that you did not complete your training program?
    (PLEASE CIRCLE ALL THAT APPLY)

    1……..Too busy

    2……..Found a new job

    3……..Computer or technical problems

    4……..Didn't get enough support from the instructor

    5……..Course was too difficult

    6……..Didn't like course/didn't find course useful

    7……..Got behind in the coursework and couldn't catch up

    8……..Personal problems

    9……..Financial problems

    10……Other (Please specify):_____

26. Did you receive a degree, credential, or certificate as a result of your participation in the program?
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Yes

    2……..No → [Skip to question 29]

27. How many degrees, credentials, or certificates did you earn?

    _____   (=number of degrees, credential, or certificates earned)

    99……..Don't Know

28. What degrees, credentials, or certificates did you receive as a result of completing your program?
    (PLEASE SELECT ALL THAT APPLY)

    1………High School diploma/GED

    2………Occupational skills license (e.g. LPN/LVN license, RN license, CDL)

    3………Occupational skill certificate or credential (e.g. community college certificate

    course, CNA certificate, ESL certificate, Microsoft Application certificate, IT certificate, etc.)

    4……..Associate's degree (AA/AS)

    5……...Bachelor's degree (BA/BS)

    6………Master's degree, PhD, or graduate professional degree

   7………Other (Please specify):_____

These next questions ask about your satisfaction with your online or technology-based training program. Please think about your overall program, including online or technology-based components as well as in-person class/lab time (if applicable).

29. Please indicate how much you agree or disagree with the following statements about your training program.
*(PLEASE CIRCLE **ONE** RESPONSE FOR **EACH** STATEMENT)*

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
a.	I learned new things from this program.	1	2	3	4	99
b.	This program will help me in achieving my career goals.	1	2	3	4	99
c.	This program has helped me gain new skills or enhance my existing skills.	1	2	3	4	99
d.	I would consider taking online or technology-based courses in the future.	1	2	3	4	99
e.	I prefer traditional classroom training to online or technology-based training.	1	2	3	4	99
f.	I would recommend this program to others.	1	2	3	4	99

30. Utilizing a scale of 1 to 10 where "1" means "Very Dissatisfied" and "10" means "Very Satisfied" what is your overall satisfaction with the services received through your training program?
(PLEASE CIRCLE ONE RESPONSE)

| Very Dissatisfied | | | | Very Satisfied | | | | Don't Know |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
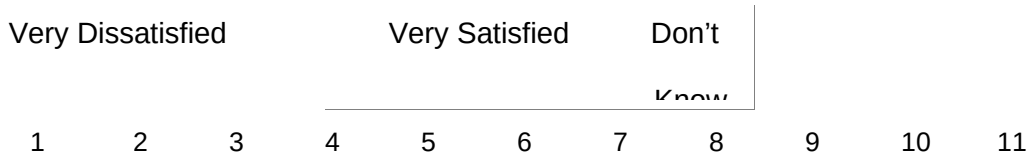
These last few questions ask about employment you might have had since your training program ended. Please think about all jobs you have/had, even if they were not a result of your participation in the training program. If you had more than one job, please answer the questions about the job where you earned the most money.

31. Since your training program ended, have you had any paid jobs? *(A paid job means working for an employer, working in a family-run business, or self-employment; and can include full- or part-time employment.)*
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Yes

    2……..No → [Skip to question 37]

32. Since your program ended, do/did you work full-time or part-time at this job?
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Full-time

    2……..Part-time

    3……..Don't Know

33. Since your program ended, approximately how many hours did/do you work in a typical week at your job?

    _____   (=number of hours worked in a typical week)

    99……..Don't Know

34. Since your program ended, what was/is your wage or salary*? (Please include overtime pay, tips, commissions, or bonuses <u>before</u> taxes or other deductions. Please provide an amount, in dollars and cents, and select a response to indicate if this is per hour, week, month, or year.)*

    |__|__|__|,|__|__|__| . |__|__|
       dollars   cents

    1……..Per hour

    2……..Per week

    3……..Per month

    4……..Per year

35. Which of the following best describes the field in which you work/worked at this job?
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Advanced Manufacturing

    2……..Auto/Truck Mechanics

    3……..Computer Automation/Robotics

    4……..Construction

    5……..Direct Care Work

    6……..Energy Management

    7...……Geographic Information Systems (GIS)

    8……..Information Technology (IT)

    9……..Nursing

    10……Truck Driving

    11……Other (Please specify):_____

    99……Don't Know

36. Was/is this the same job you had at the time you enrolled in the training program?
    (PLEASE CIRCLE ONE RESPONSE)

    1……..Yes

    2……..No

37. What is your home zip code?

    _____   (=5-digit zip code)

Thank you for your participation!

Please return this completed questionnaire in the enclosed postage-paid envelope to:

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Oakland, CA 94612