**U.S. Department of Education Charter Schools Program**

**Meeting of Project Directors**

**Evaluation Form**

Please take a few minutes to complete this survey. The purpose of the survey is to obtain information about how well the event met its objectives and your needs. Your feedback will assist us in planning high-quality events in the future.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate your level of agreement with the following statements:** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Sure/ Does Not Apply** |
| 1. The event was well organized. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The information was presented in a clear and comprehensible manner. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. There were opportunities for meaningful discussion. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The event increased my knowledge about managing and monitoring charter school program grants. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The information presented was sufficient for me to take action steps in my work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The information I learned will be of value to my organization. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The event provided the opportunity to work with others on topics that matter to my own context, problems, or goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

5112\_11/10

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate the amount of time allotted for the following:** | **Much More Than Needed** | **Somewhat More Than Needed** | **About Right** | **Somewhat Less Than Needed** | **Much Less Than Needed** |
| 1. Presentations | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Discussions | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Planning for future action | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate how helpful the following types of sessions were to you:** | **Very Helpful** | **Helpful** | **Somewhat Helpful** | **Not Helpful** | **Not Sure/ Does Not Apply** |
| 1. U.S. Department of Education presentations on grant monitoring and management | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Opportunities to share best practices and challenges with my colleagues | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please indicate how you would rate the event on the following factors overall:** | **Excellent** | **Good** | **Fair** | **Poor** |
| 1. Quality | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Relevance | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Usefulness | 🞎 | 🞎 | 🞎 | 🞎 |

1. What was most valuable about the event?
2. How could the event have been improved?

Public 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. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1800-0011. Note: Please do not return the completed evaluation form to this address.