



REGIONAL EDUCATIONAL LABORATORIES (REL) STAKEHOLDER FEEDBACK SURVEY

Please take a few minutes to provide feedback about your experience with activities or documents created by Regional Educational Laboratory <Insert Region Name>. Your responses are voluntary, will be used for program improvement purposes only, and may not be disclosed, or used, in identifiable form for any other purpose except as required by law [Education Sciences Reform Act of 2002 (ESRA 2002) (Section 9573, 20 U.S. Code)]. Your responses to this survey will be aggregated to inform future activities and documents created by the REL.

Activity or Product: <pre-printed information>
Research Alliance affiliation (if applicable): <pre-printed information>
Survey Completion Date: _____

For the questions below, please indicate the extent to which you agree or disagree with the following statements about the activity or product.

- 1 – I strongly disagree with this statement (SD).
- 2 – I disagree with this statement (D).
- 3 – I agree with this statement (A).
- 4 – I strongly agree with this statement (SA).
- NA – Not applicable (NA).

Module A: Data Summary or Report: < insert name of summary or report>	SD	D	S	SA	NA
A1. The data summary or report is relevant to a particular issue facing my agency or organization.	1	2	3	4	NA
A2. The data summary or report presents the information in a clear, organized manner.	1	2	3	4	NA
A3. The data summary or report provides information that I otherwise would have difficulty obtaining.	1	2	3	4	NA
A4. The data summary or report explains what the data suggest (and what they may not suggest, if applicable).	1	2	3	4	NA
A5. The data summary or report increased my interest in additional analyses or studies on this topic.	1	2	3	4	NA
A6. My agency or organization will use the information in the data summary or report to discuss related policies and practices.	1	2	3	4	NA
A7. I understood my role and the expectations for my participation in this project.	1	2	3	4	NA
A8. Given our organization’s resources, the level of collaboration between REL staff and members of my organization on this project was appropriate.	1	2	3	4	NA
A9. The benefits from this project were worth the time and resources my organization invested to participate.	1	2	3	4	NA
Module B: Support Activity: <insert name or type of support activity > (e.g., meeting or presentation)	SD	D	N	A	NA
B1. The _<insert name or type of support activity > is relevant to a particular issue facing my agency or organization.)	1	2	3	4	NA
B2. The _<insert name or type of support activity > offered by the REL increased my understanding of the topic.	1	2	3	4	NA
B3. The _<insert name or type of support activity > offered by the REL provided help in identifying appropriate data to examine questions related to the topic.	1	2	3	4	NA
B4. The _<insert name or type of support activity > offered by the REL increased my understanding of the data available to examine this issue.	1	2	3	4	NA
B5. The _<insert name or type of support activity > offered by the REL increased my awareness of available research on this topic or issue.	1	2	3	4	NA
B6. The _<insert name or type of support activity > offered by the REL increased my understanding of the ways data can be used to investigate this issue.	1	2	3	4	NA
B7. The _<insert name or type of support activity > offered by the REL increased my capacity to use research and data to solve problems in my agency or organization.	1	2	3	4	NA
B8. If the REL were to offer additional support activities, I would be likely to participate.	1	2	3	4	NA
B9. I am satisfied with the overall quality of the support activity offered by the REL.	1	2	3	4	NA
B10. I understood my role and the expectations for my participation in this project.	1	2	3	4	NA
B11. Given our organization’s resources, the level of collaboration between REL staff and members of my organization on this project was appropriate.	1	2	3	4	NA
B12. The benefits from this project were worth the time and resources my organization invested to participate.	1	2	3	4	NA

REGIONAL EDUCATIONAL LABORATORIES (REL) STAKEHOLDER FEEDBACK SURVEY

Module C: Technical Assistance Workshop, Training, or Bridge Event: <insert name of workshop or training>	SD	D	A	SA	NA
C1. The goals for the workshop / training were clearly stated at or before the beginning of the event.	1	2	3	4	NA
C2. The structure of the workshop / training was appropriate for meeting the stated goals.	1	2	3	4	NA
C3. The presenter(s) explained the research evidence clearly.	1	2	3	4	NA
C4. The presenter(s) clearly connected research evidence to practical implementation	1	2	3	4	NA
C5. As a result of my participation, I <insert event objective 1>	1	2	3	4	NA
C6. As a result of my participation, I <insert event objective 2>	1	2	3	4	NA
C7. As a result of my participation, I <insert event objective 3> (insert/delete objectives as necessary)	1	2	3	4	NA
C8. The format of the workshop / training provided ample opportunity for participants to meaningfully interact with each other.	1	2	3	4	NA
C9. The workshop / training actively engaged me in learning the content.	1	2	3	4	NA
C10. The workshop / training was relevant to an issue currently facing my organization.	1	2	3	4	NA
C11. The presenter was knowledgeable or experienced with the type of setting or role in which I work.	1	2	3	4	NA
C12. The workshop / training provided opportunities to consider how to use research or effectively incorporate data into decision making within my agency or organization.	1	2	3	4	NA
C13. I expect to apply information from the workshop / training in my work.	1	2	3	4	NA
C14. I expect to share the information I learned at the workshop / training with my colleagues.	1	2	3	4	NA
C15. If the REL were to offer additional workshops or / trainings, I would be likely to attend.	1	2	3	4	NA
C16. I am satisfied with the overall quality of this workshop / training.	1	2	3	4	NA
C17. The benefits of attending this workshop / training were worth the time I invested.	1	2	3	4	NA
Module D: Data Template or Tool: <insert name of template or tool>	SD	D	N	A	NA
D1. The “_<insert name of template or tool >is relevant to a particular issue currently facing my agency or organization.	1	2	3	4	NA
D2. My agency or organization will be able to use “_<insert name of template or tool >for data analysis and/or reporting.	1	2	3	4	NA
D3. The “_<insert name of template or tool >displays information in a clear, easy to understand manner.	1	2	3	4	NA
D4. The “_<insert name of template or tool >includes clear directions for entering data or utilizing the tool.	1	2	3	4	NA
D5. REL staff were available to assist me and representatives from my agency with questions about the “_<insert name of template or tool >, its purpose, and its use.	1	2	3	4	NA
D6. The “_<insert name of template or tool >is user friendly (i.e., when I tried to use the template or tool, it was easy to use and worked as intended).	1	2	3	4	NA
D7. I would recommend the “_<insert name of template or tool > to a colleague within my agency or organization.	1	2	3	4	NA
Module E: Research Alliance Participation	SD	D	N	A	NA
E1. This research alliance addresses issues of high priority to my agency.	1	2	3	4	NA
E2. Alliance meeting agendas and discussions are inclusive of most alliance members.	1	2	3	4	NA
E3. The support provided by this REL reflects the needs of my agency or organization.	1	2	3	4	NA
E4. REL support activities are helping the alliance meet its stated goals.	1	2	3	4	NA

REGIONAL EDUCATIONAL LABORATORIES (REL) STAKEHOLDER FEEDBACK SURVEY

E5. Participation in this alliance has provided opportunities to learn from other alliance members.	1	2	3	4	NA
E6. As a member of this research alliance, I have been invited to give input and feedback to researchers at about the design of support activities or studies.	1	2	3	4	NA
E7. As a member of this research alliance, I have been invited to give input to REL staff about the dissemination of support activities or studies.	1	2	3	4	NA
E8. Participation in this research alliance has increased my ability to use my agency's or organization's available data.	1	2	3	4	NA
E9. Participation in this research alliance has increased my ability to conduct high quality research and evaluation.	1	2	3	4	NA
E10. Participation in this research alliance has provided information that informed my agency's selection of programs and/or strategies related to this topic area.	1	2	3	4	NA
E11. Participation in this research alliance has led my agency to design and conduct an evaluation study.	1	2	3	4	NA
E12. Participation in this research alliance has increased collaboration across members through alliance partner agreements .	1	2	3	4	NA
E13. Participation in this research alliance has increased collaboration across members through creation of roles to sustain partnership activities .	1	2	3	4	NA
E14. Participation in this research alliance has increased collaboration across members through increased communication among members .	1	2	3	4	NA
E15. Participation in this research alliance has increased collaboration across members through members sharing work .	1	2	3	4	NA

1. What aspects of the <Insert Module Title here to indicate type of support> were most helpful and why?

2. What aspects of the <Insert Module Title here to indicate type of support> were least helpful and why?

3. What additional follow up activities would help you increase your knowledge of this topic or help you apply the information to your own work?

4. What part of this <Insert Module Title here to indicate type of support> would you suggest changing to make it better for future participants?

5. As a result of <Insert Module Title here to indicate type of support>, I plan to take the following action steps:

a) _____

b) _____

c) _____

6. Please list any other areas of need or interest to your organization on which REL < insert name of REL here> could base future workshops or studies:

REGIONAL EDUCATIONAL LABORATORIES (REL) STAKEHOLDER FEEDBACK SURVEY

Respondent Information

7. Which of the following best describes your primary occupation? (Please choose only one)

Local Education Agency

- Teacher/Educator
- Principal/Vice-Principal
- Other school-level administrator
- Librarian
- School board member
- School district central office staff
- School superintendent/Assistant superintendent

State Education Agency

- State-level education administrator
- State-level advisor or board member

State Government

- State legislator or legislative staff member

Other

- Community organizing / advocacy
- Staff member of an education or public policy organization
- Researcher
- Journalist, writer or reporter
- Other (Please specify): _____

8. In which State/Territory is your work based? _____(drop down list if on-line)

Thank you for your feedback.

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. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Sarah Costelloe, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Avenue NW, Room 504E, Washington, D.C. 20208-5644.