**Customer Satisfaction Survey**

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 5 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 20210-4537 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1880-0542.

# *Meeting of the State Directors of*

***Career and Technical Education***

April 17, 2013 | Washington DC

*Please circle your rating for each session:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEETING SESSIONS** | Not at all informative | A little informative | Somewhat informative | Very informative | Extremely informative |
| Vision for Career Pathways Systems: Federal Panel on Career Pathways Initiatives | 1 | 2 | 3 | 4 | 5 |
| Connecting CTE Programs of Study with State and Local Career Pathways | 1 | 2 | 3 | 4 | 5 |
| Results from the State *Perkins* Accountability Congress | 1 | 2 | 3 | 4 | 5 |
| National Data and the Picture it Presents | 1 | 2 | 3 | 4 | 5 |
| DATE Panel Discussion: Observable Trends in *Perkins* Oversight | 1 | 2 | 3 | 4 | 5 |
| Topical Roundtable Discussions | 1 | 2 | 3 | 4 | 5 |

*Please indicate your agreement with the following statements about your meeting experiences:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OVERALL** | Strongly agree | Agree | Neutral | | Disagree | Strongly disagree |
| The information I received during the meeting was of high quality. | 1 | 2 | | 3 | 4 | 5 |
| The duration of the meeting was appropriate for the information covered. | 1 | 2 | | 3 | 4 | 5 |
| The material covered during the meeting was clearly presented and well organized. | 1 | 2 | | 3 | 4 | 5 |

### GENERAL COMMENTS

What did you like the most about this meeting (i.e., what should we do the same next time)?

What did you like least about this meeting (i.e., what should we do differently next time)?

Additional comments:

## Please select the category (or categories) that best corresponds to your role in your state:

|  |
| --- |
| State director of CTE  State agency staff *(circle level)* Secondary Postsecondary  Other, please identify: |

**Thank You**

Thank you for participating in this survey.

Your responses will be used to improve future OVAE-sponsored meetings.