# TLE-SA Work Group Survey, January 2014

## SLO Work Group

1. Can you cite a specific instance in which your State has used the SLO Quality Implementation Toolkit? *[Yes/No options]*
2. (Optional) If you answered yes to the previous question, please describe. *[Text box]*
3. Can you cite an instance in which you have used materials developed by another work group State or called on another State for information or feedback? *[Yes/No options]*
4. (Optional) If you answered yes to the previous question, please describe. *[Text box]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate your agreement with the following statement regarding the SLO Work Group overall.** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| 1. The format and content of the SLO Work Group helped me move forward my State’s education reform goals.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The knowledge and/or skills I acquired through the SLO Work Group are directly applicable to my work.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The format of the SLO Work Group provided ample opportunity and encouragement for participants to interact with others meaningfully.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I will share the knowledge and/or skills I learned in the SLO Work Group with others.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The SLO Work Group built my SEA’s capacity to move forward on our education reform goals.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am satisfied with the overall quality of the SLO Work Group
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am satisfied with the quality of the expert(s) outside of the RSN assigned to the SLO Work Group.
 | 1 | 2 | 3 | 4 | 5 |

1. (Optional) With which experts did you work? *[Text box]*
2. (Optional) What aspects of the SLO Work Group were most useful and relevant for your work and why? *[Text box]*
3. (Optional) What additional technical assistance would you like to see in the future? *[Text box]*
4. (Optional) As a result of my participation in the work group, my State will take the following action steps (for example, actions or changes in policy, practice, procedures or programming): *[Text box]*
5. (Optional) Please indicate your State: *[Text box]*
6. Please indicate your Race to the Top related role:

## QER Work Group Data Analytics Subcommittee

1. Has your State used the “Menu of Metrics” and process for developing a data dashboard/scorecard? *[Yes/No options]*
2. (Optional) If you answered yes to the previous question, please describe. *[Text box]*
3. Can you cite resources shared during subcommittee meetings that were instrumental to your State’s developing dashboards or scorecards? *[Yes/No options]*
4. (Optional) If you answered yes to the previous question, please describe. *[Text box]*
5. Can you cite how your State has used resources shared during subcommittee meetings to develop dashboards or scorecards? *[Yes/No options]*
6. (Optional) If you answered yes to the previous question, please describe. *[Text box]*
7. Did your State make changes to your State’s dashboards or scorecards after participating in the data analytics subcommittee? *[Yes/No options]*
8. (Optional) If you answered yes to the previous question, please describe. *[Text box]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate your agreement with the following statement regarding the QER Work Group overall.** | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** |
| 1. The format and content of the QER Work Group helped me move forward my State’s education reform goals.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The knowledge and/or skills I acquired through the QER Work Group are directly applicable to my work.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The format of the QER Work Group provided ample opportunity and encouragement for participants to interact with others meaningfully.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I will share the knowledge and/or skills I learned in the QER Work Group with others.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The QER Work Group built my SEA’s capacity to move State’s education reform goals forward.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am satisfied with the overall quality of the QER Work Group
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am satisfied with the quality of the expert(s) outside of the RSN assigned to the QER Work Group.
 | 1 | 2 | 3 | 4 | 5 |

1. (Optional) With which experts did you work? *[Text box]*
2. (Optional) What aspects of the QER Work Group were most useful and relevant for your working and why? *[Text box]*
3. (Optional) What additional technical assistance would you like to see in the future? *[Text box]*
4. (Optional) As a result of my participation in the work group, our State will take the following action steps (for example, actions or changes in policy, practice, procedures or programming): *[Text box]*
5. (Optional) Please indicate your State: *[Text box]*
6. Please indicate your Race to the Top related role:

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 **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 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 20202-4536 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1880-0542. Note: Please do not return the completed TLE Workgroup Survey to this address.