

## Grantee Census Survey

[After clicking the survey link, below is the first thing respondents will see]

You are being invited to take this online survey as part of an evaluation of the federal Office of Head Start's Early Learning Mentor Coaches (ELMC) Grant Initiative. This is an evaluation of the ELMC initiative, and *not* an evaluation of you, your Head Start/Early Head Start grantee or its centers.

In the survey, we ask about general professional development at your Head Start/Early Head Start grantee and details of the ELMC grant, such as hiring practices, which centers are participating, and monitoring. Therefore, this survey should be completed by the ELMC grant director, your grantee's primary contact for your ELMC initiative, or someone else who can speak to grantee-level information about your ELMC grant. You can consult with other staff you work with at your grantee if needed.

Participation in this survey is voluntary and you may stop at any time without penalty. You also may skip any questions you don't want to answer. The survey should take approximately 30 minutes to complete, depending on your responses. Completion of this survey is considered an agreement to participate.

All of your responses will be kept private. Your name will not be used in any summary reports that result from this survey and no comments will be attributable to you.

Your participation in this survey will contribute to the development of profiles of mentor-coaching approaches to inform policy, practice, and research. There are no risks to your participation.

If you have any questions, you may contact either Eboni Howard, Ph.D. (202-403-5533; [ehoward@air.org](mailto:ehoward@air.org)) or Fiona Helsel, Ph.D. (202-680-0870; [fhelsel@air.org](mailto:fhelsel@air.org)). For questions regarding your rights involving participation in this evaluation, please contact the chair of AIR's Institutional Review Board at [IRB@air.org](mailto:IRB@air.org) or toll free at 1-800-634-0797.

Thank you for your time!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**.

**I. BACKGROUND INFORMATION**

1. To be able to look at the Program Information Report data for your Head Start/Early Head Start grantee, we want to make sure we have the correct grantee name. So,
  - a. What is the name of the Head Start/Early Head Start grantee you are working for on the Early Learning Mentor Coach initiative? [text box; 100 character limit]
  - b. How many centers does the grantee run directly? [text box; numerical entry only]
  - c. What are the name(s) of any delegate agencies for this Head Start/Early Head Start grantee? [text box]
  - d. How many centers do the delegate agencies run? [text box; numerical entry only]
  
2. And your background basics....
  - a. What is your name? [text box; 50 character limit]
  - b. What is your job title? [text box; 50 character limit]
  - c. Please briefly describe your job role, including any responsibilities you have for the Early Learning Mentor Coach grant [text box; 200 character limit]:

**II. GRANTEE OVERALL APPROACH TO PROFESSIONAL DEVELOPMENT**

We would like to learn about your Head Start/Early Head Start grantee's professional development activities in general. We consider professional development to include any activities that assist Head Start or Early Head Start staff to reach and exceed required standards and improve professional knowledge. Professional development includes consultants and mentor-coaching, training and workshops, support for attendance at professional conferences, support for continuing education, and similar assistance.

1. Approximately how many hours of professional development are required per year for your classroom staff, home visitors, or family child care staff? (please select one for each response option)
  - Classroom teachers [drop down menu to select from 0 through 40; 41+]
  - Assistant teachers [drop down menu to select from 0 through 40; 41+]
  - Home visitors [drop down menu to select from 0 through 40; 41+]
  - Family child care staff [drop down menu to select from 0 through 40; 41+]
  - Other staff (please specify) [drop down menu to select from 0 through 40; 41+]

2. Some grantees provide a range of supports for staff professional development, while others commit their resources elsewhere. Does your Head Start/Early Head Start grantee provide supports or resources to encourage staff to pursue professional development, training, and education?

YES   
 NO  [GO TO Q3]

[IF YES] Please select all that apply:

Paid release time	<input type="checkbox"/>
Unpaid release time	<input type="checkbox"/>
Substitute teachers to cover classrooms	<input type="checkbox"/>
Flexible schedule	<input type="checkbox"/>
Tuition reimbursement	<input type="checkbox"/>
Purchasing course books	<input type="checkbox"/>
Transportation reimbursement	<input type="checkbox"/>
Printed or electronic materials and resources (for example, articles, websites)	<input type="checkbox"/>
Continuing education units (CEUs)	<input type="checkbox"/>
Provide AA (Associate-level) and BA (Bachelor-level) courses onsite	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

3. Does your grantee have any efforts in place to help your staff obtain CDA credentials, AA degrees or BA degrees?

YES   
 NO

4. During your Early Learning Mentor Coach grant, have you received professional development support (such as feedback, resources, training, or problem-solving) from any of the following sources? (please select all that apply). For all sources that you received support from, please indicate how helpful it was.

Support Received	Helpfulness of Support Received			
	Very helpful	Moderately helpful	Somewhat helpful	Not helpful
Office of Head Start YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Head Start Offices YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Center on Cultural and Linguistic Responsiveness YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Head Start National Resource Center YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Center on Health YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Center on Parent, Family, and Community Engagement YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Center on Quality Teaching and Learning YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- III. Does your local community have any of the following resources for technical assistance and professional development? Which of these local resources does your grantee use for professional development, materials or trainings? (Please select up to two responses for each of the professional development resources)

	Present In Community	Utilized by Grantee/Centers
Community College(s)/Faculty	<input type="checkbox"/>	<input type="checkbox"/>
Universities/Faculty	<input type="checkbox"/>	<input type="checkbox"/>
Other Head Start/ Early Head Start Programs	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Resource and Referral Centers (State-Run or Local)	<input type="checkbox"/>	<input type="checkbox"/>
Community Mental Health Centers/Mental Health Professionals	<input type="checkbox"/>	<input type="checkbox"/>
Other Community Service Organizations (e.g., Domestic Violence or Homeless Shelters)	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant/Cultural Community Organizations	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

5. Prior to receiving an Early Learning Mentor Coach grant in September 2010, did your grantee offer mentor-coaching to staff?
- YES
- NO
- DO NOT KNOW
- [IF YES] Did the Early Learning Mentor Coaching supplement or replace the previous mentor-coaching efforts? (please select one)
- SUPPLEMENT
- REPLACE

6. At the start of the Early Learning Mentor Coach grant in September 2010, did you provide a formal orientation or training to your Early Learning Mentor Coaches?

- YES   
 NO

7. Throughout the Early Learning Mentor Coach grant, did you provide any ongoing training to your Early Learning Mentor Coaches?

- YES   
 NO  [GO TO SECTION III]

[IF YES] What was the focus of the ongoing training? (Please select all that apply)

Goals and organization of the grantee	<input type="checkbox"/>
A particular curriculum or curriculum supplement	<input type="checkbox"/>
Particular content domains	<input type="checkbox"/>
Particular assessments (please specify which assessments):	<input type="checkbox"/>
Other topics (please specify):	<input type="checkbox"/>

**I. GRANTEE GOALS, OBJECTIVES, AND NEEDS**

1. Have overarching grantee-level goals and objectives been identified for your Early Learning Mentor Coach Initiative?

- YES   
 NO  [GO TO SECTION IV]

[IF YES] Over the course of the Early Learning Mentor Coach Initiative, what overarching grantee-level goals have been in place for your mentor-coaches? Please read through the list and select up to 5 goals.

	<b>Select Top 5</b>
To improve already established mentor-coaching	<input type="checkbox"/>

To train on improving teaching of school readiness topics (for example, literacy)	<input type="checkbox"/>
To train on behavior management	<input type="checkbox"/>
To train on a particular curriculum or curriculum supplement (please specify):	<input type="checkbox"/>
To support administrative staff/supervisors in their roles	<input type="checkbox"/>
To improve cultural responsiveness	<input type="checkbox"/>
To improve service for dual language learners	<input type="checkbox"/>
To improve service for children with disabilities	<input type="checkbox"/>
To improve the quality of staff practice with their work with children	<input type="checkbox"/>
To improve the quality of staff practice with their work with families	<input type="checkbox"/>
To improve parent engagement	<input type="checkbox"/>
To improve assessed child outcomes	<input type="checkbox"/>
To improve CLASS assessment scores	<input type="checkbox"/>
To improve other assessment scores (for example, ECERS)	<input type="checkbox"/>
To provide training and support for using assessments for practice or program monitoring	<input type="checkbox"/>
To support the use of new technology	<input type="checkbox"/>
To provide support for continuing education and career development	<input type="checkbox"/>
To reduce staff turnover	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

2. How were these goals identified? For example, did you use results from formal assessments or program monitoring, did you have requests from parents or staff, or did you have specific training needs? [text box]

**II. OPERATIONALIZATION OF THE EARLY LEARNING MENTOR COACH GRANT**

1. How many of your grantee's centers are receiving mentor-coaching funded by the Early Learning Mentor Coach grant? [enter numerical value, three digits]
2. How did you select centers to receive mentor-coaching from the Early Learning Mentor Coach grant? (please select all that apply)

All centers are participating	<input type="checkbox"/>
All participating centers volunteered	<input type="checkbox"/>
Centers lack current mentor-coaching	<input type="checkbox"/>
Center needs more staff degrees/certifications	<input type="checkbox"/>
Formal assessments of needs of family and/or children	<input type="checkbox"/>
Formal assessment of needs of staff	<input type="checkbox"/>
Staff, child or family needs (no assessments used)	<input type="checkbox"/>
High percentages of dual language learners	<input type="checkbox"/>
Geographic location (close/shorter travel distance)	<input type="checkbox"/>
Other selection approach (please specify) [40 character limit]	<input type="checkbox"/>

3. When did the grantee hire its first mentor-coach for the Early Learning Mentor Coach initiative? (select one) [Select MONTH/Select YEAR]
4. Over the whole course of the Early Learning Mentor Coach initiative (since September 2010), approximately how many mentor-coaches have been hired with Early Learning Mentor Coach funds (include full and part-time)? [drop down menu to select from 0 to 40, 41+]
5. Right now, how many mentor-coaches are currently funded full-time (35 hours or more a week) by the Early Learning Mentor Coach grant? [program numerical value only valid entry]



6. Right now, how many mentor-coaches are currently funded part-time (less than 35 hours a week) by the Early Learning Mentor Coach grant? [program numerical value only valid entry]
7. When you had a mentor-coach job opening, how challenging was it to find qualified personnel to fill that job opening? (please select one)

Hardly ever challenging	<input type="checkbox"/>
Sometimes challenging	<input type="checkbox"/>
Often challenging	<input type="checkbox"/>
Always challenging	<input type="checkbox"/>

8. Some programs found mentor-coaches from staff who were already working for them, while other programs found mentor-coaches from outside their programs. Of all the mentor-coaches that you have hired with Early Learning Mentor Coach funds since September 2010:
- How many were already working for your grantee as a mentor-coach? [drop down menu to select from 0 to 40, 41+]
  - How many were already working for your grantee in some other capacity? [drop down menu to select from 0 to 40, 41+]
  - How many had worked previously for your grantee in some capacity? [drop down menu to select from 0 to 40, 41+]
9. When hiring mentor-coaches, what minimum education requirements did you have for your mentor-coaches? [text box]
10. What other qualifications were important to your hiring decisions for the Early Learning Mentor Coaches? (please select one for each option)

	Always important/ Necessary	Often important	Sometimes important	Never Important/ Not necessary	Don't know
Experience with Head Start/Early Head Start Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience Training, Teaching, Mentoring, or Coaching Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with Center/Staff or Program (worked there previously)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language and Culture Match (with staff and/or families and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other qualifications (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other qualifications (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other qualifications (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. MENTOR-COACHING APPROACH AND IMPLEMENTATION**

1. Over the whole course of the Early Learning Mentor Coach initiative (since September 2010), how many of your grantees' staff members have been mentor-coached through the Early Learning Mentor Coach initiative? (please indicate the number of staff for each of the staff types)
  - a. Classroom teachers: [program numerical value only valid entry]
  - b. Assistant teachers: [program numerical value only valid entry]
  - c. Home visitors: [program numerical value only valid entry]
  - d. Family child care staff: [program numerical value only valid entry]
  - e. Administrators (please specify job title): [program numerical value only valid entry]
  - f. Supervisors (please specify job title): [program numerical value only valid entry]
  - g. Other (please specify staff title): [program numerical value only valid entry]
  - h. Other (please specify staff title): [program numerical value only valid entry]
  
2. How were staff selected to receive mentor-coaching? [text box]
  
3. Some Head Start and Early Head Start grantees provide direct supervision and oversight of mentor-coaches and their work, while other mentor-coaches work more independently.
  - a. Does your grantee have staff assigned to supervise the mentor-coaches' work?
 

YES	<input type="checkbox"/>
NO	<input type="checkbox"/> [GO TO Q4]
  
  - b. Do the mentor-coach(es) meet with the supervisor(s)?
 

YES, regularly	<input type="checkbox"/>
YES, but not regularly	<input type="checkbox"/>
NO	<input type="checkbox"/> [GO TO Q4]

[IF YES] How often, on average, do those meetings occur per month? [starting with less than one time per month; program numerical value only valid entry per month]

**IV.** Does the Early Learning Mentor Coach grantee administrator or the Head Start grantee leadership **receive information about the progress of the mentor coach programs?**

- YES
- NO  [GO TO SECTION VI]
- DO NOT KNOW  [GO TO SECTION VI]

[IF YES] How do administrators or grantee leaders receive information about the progress of the mentor-coach programs? (please select all that apply)

Grantee uses management information system to document mentor-coaching	<input type="checkbox"/>
Grantee/centers collect data to indicate progress	<input type="checkbox"/>
Meetings are convened with mentor-coaches	<input type="checkbox"/>
Mentor-coaches provide reports to the grantee	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

**IV. EFFECTIVENESS OF MENTOR-COACHING**

1. Please rate your mentor-coaches' overall success at training and supporting staff that they mentor-coached (please select one)

Very successful	<input type="checkbox"/>
Moderately successful	<input type="checkbox"/>
Somewhat successful	<input type="checkbox"/>
Limited success	<input type="checkbox"/>

2. Please rate your mentor-coaches' overall success at increasing openness to learning in the staff they mentor-coached (please select one)

Large increase in staff openness to learning	<input type="checkbox"/>
Moderate increase in staff openness to learning	<input type="checkbox"/>
Some increase in staff openness to learning	<input type="checkbox"/>
Limited increase in staff openness to learning	<input type="checkbox"/>

3. Please rate your mentor-coaches' overall success at improving the quality of practice of the staff they mentor-coached (please select one)

Large improvement	<input type="checkbox"/>
Moderate improvement	<input type="checkbox"/>
Some improvement	<input type="checkbox"/>
Limited improvement	<input type="checkbox"/>
Not worked on	<input type="checkbox"/>

4. Please rate your mentor-coaches' overall success at improving and increasing the use of assessment by staff they mentor-coached (please select one)

Large increase	<input type="checkbox"/>
Moderate increase	<input type="checkbox"/>
Some increase	<input type="checkbox"/>
Limited increase	<input type="checkbox"/>
Not worked on	<input type="checkbox"/>

5. Please rate your mentor-coaches' overall success at increasing career development and pursuit of education and training by staff they mentor-coached (please select one)

Large increase	<input type="checkbox"/>
Moderate increase	<input type="checkbox"/>
Some increase	<input type="checkbox"/>
Limited increase	<input type="checkbox"/>
Not worked on	<input type="checkbox"/>

6. If your grantee had overarching grantee-level goals and objectives for your Early Learning Mentor Coach Initiative, how successful were the mentor-coaches at meeting those goals? (please select one)

Exceeded	<input type="checkbox"/>
Made substantial progress	<input type="checkbox"/>
Made some progress	<input type="checkbox"/>
Did not make much progress	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

Please explain your rating [text box]

- V. When considering the success of your mentor-coaches for your grantee, please list up to three qualifications of the mentor-coach that were most important for the success of mentor-coaching at your grantee [text box]

**V. REFLECTIONS ABOUT MENTOR-COACHING**

1. Over the course of the Early Learning Mentor Coach grant, did you find any of the following factors relating to staff or staffing challenging to the success of the initiative? (please select one for each challenge)

	<b>Never Challenging</b>	<b>Sometimes challenging</b>	<b>Often challenging</b>	<b>Always Challenging</b>
Staff level of openness to self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff level of engagement/interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic skill level of staff being mentor-coached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifications, skills, and abilities of mentor-coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of staff per mentor-coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demands on staff time interfering with scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor-coach turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff challenges to implementation (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff challenges to implementation (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the course of the Early Learning Mentor Coach grant, did you find any other factors challenging to the success of the initiative? (please select one for each challenge)

	<b>Never Challenging</b>	<b>Sometimes challenging</b>	<b>Often challenging</b>	<b>Always Challenging</b>
Level of community buy-in to quality improvement in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness of community to trusting mentor-coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to provide Continuing Education Units (CEUs) for participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of supplies/resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Availability of space for mentor-coaching meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel issues (distance between centers where mentor-coaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technological barriers (such as internet access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of substitutes for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grantee-level administrative support and involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center-level administrative support and involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of financial support and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate supervision for mentor-coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other challenges to implementation (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other challenges to implementation (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3.** From your perspective, please describe up to three of the biggest challenges to the success of the Early Learning Mentor Coach initiative [text box]
1. What recommendations would you give to Head Start/Early Head Start grantees that are starting mentor-coaching for the first time, especially in regards to hiring, engaging staff, and monitoring/supervision of mentor-coaches? [text box]

**VI. SUSTAINABILITY OF MENTOR-COACHING**

1. When the Early Learning Mentor Coach grant funding ends, how likely is it that your Head Start/Early Head Start grantee will continue the mentor-coaching established with the Early Learning Mentor Coach grant? (please select one)

Very likely	<input type="checkbox"/>	
Moderately likely	<input type="checkbox"/>	
Somewhat likely	<input type="checkbox"/>	
Not at all likely	<input type="checkbox"/>	[GO TO Q3]
Don't know	<input type="checkbox"/>	[GO TO Q3]

2. What steps have you taken towards sustaining the mentor-coaching program? (please select all that apply)

No steps have been taken yet	<input type="checkbox"/>
Action plan has been developed	<input type="checkbox"/>
Funding has been secured or budgeted to support ongoing mentor-coaching	<input type="checkbox"/>
Staff has been secured to support ongoing mentor-coaching	<input type="checkbox"/>
Infrastructure has been developed or assigned (such as facilities, meeting space, supplies)	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

3. Do you have any other comments that you would like to make? [text box; 100 character limit]

Thank you very much for your participation in this survey!