

## 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\_<a href="Insert Region Name">Insert Region Name</a>. 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:	< <u>pre-printed information&gt;</u>
Research Alliance affi	liation (if applicable): <pre-printed information=""></pre-printed>
Survey Completion Da	te:

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).

4 - I strongly agree with this statement (SA).

2 - I disagree with this statement (D).

NA – Not applicable (NA).

3 - I agree with this statement (A).

Module A: Data Summary or Report: < insert name of summary or		D	S	SA	NA
report> 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 activity="" name="" of="" or="" support="" type=""> is relevant to a particular issue facing</insert>	1	2	2	1	NI A
my agency or organization.)	1	2	3	4	NA
B2. The _ <insert activity="" name="" of="" or="" support="" type=""> offered by the REL increased my understanding of the topic.</insert>	1	2	3	4	NA
B3. The _ <insert activity="" name="" of="" or="" support="" type=""> offered by the REL provided help in identifying appropriate data to examine questions related to the topic.</insert>	1	2	3	4	NA
B4. The _ <insert activity="" name="" of="" or="" support="" type=""> offered by the REL increased my understanding of the data available to examine this issue.</insert>	1	2	3	4	NA
B5. The _ <insert activity="" name="" of="" or="" support="" type=""> offered by the REL increased my awareness of available research on this topic or issue.</insert>	1	2	3	4	NA
B6. The _ <insert activity="" name="" of="" or="" support="" type=""> offered by the REL increased my understanding of the ways data can be used to investigate this issue.</insert>	1	2	3	4	NA
B7. The _ <insert activity="" name="" of="" or="" support="" type=""> offered by the REL increased my capacity to use research and data to solve problems in my agency or organization.</insert>	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		2	3	4	NA

Module C: Technical Assistance Workshop, Training, or Bridge		_	_		
Event: <insert name="" of="" or="" training="" workshop=""></insert>	SD	D	A	SA	NA
C1. The goals for the workshop / training were clearly stated at or before the beginning of	1			4	DIA
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 <i><insert 2="" event="" objective=""></insert></i>	1	2	3	4	NA
C7. As a result of my participation, I <i>insert event objective 3&gt;</i> (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="" or="" template="" tool=""></insert>		D	N	Α	NA
D1. The "_ <insert name="" of="" or="" template="" tool="">is relevant to a particular issue currently facing my agency or organization.</insert>	1	2	3	4	NA
D2. My agency or organization will be able to use "_ <insert name="" of="" or="" template="" tool="">for data analysis and/or reporting.</insert>	1	2	3	4	NA
D3. The "_ <insert name="" of="" or="" template="" tool="">displays information in a clear, easy to understand manner.</insert>	1	2	3	4	NA
D4. The "_ <insert name="" of="" or="" template="" tool="">includes clear directions for entering data or utilizing the tool.</insert>	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="" or="" template="" tool="">, its purpose, and its use.</insert>	1	2	3	4	NA
D6. The "_ <insert name="" of="" or="" template="" tool="">is user friendly (i.e., when I tried to use the template or tool, it was easy to use and worked as intended).</insert>	1	2	3	4	NA
D7. I would recommend the "_ <insert name="" of="" or="" template="" tool=""> to a colleague within my agency or organization.</insert>	1	2	3	4	NA
Module E: Research Alliance Participation		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

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1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
1	2	3	4	NA
	1 1 1 1 1 1 1	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1     2     3       1     2     3       1     2     3       1     2     3       1     2     3       1     2     3       1     2     3       1     2     3       1     2     3       1     2     3       1     2     3	1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4       1     2     3     4

1.	What aspects of the < <u>Insert Module Title here to indicate type of support&gt;</u> were <u>most</u> helpful and why?
2.	What aspects of the < <u>Insert Module Title here to indicate type of support&gt;</u> were <u>least</u> 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 < <u>Insert Module Title here to indicate type of support&gt;</u> , 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:
	<del></del>

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#### **Respondent Information**

<i>7</i> .	Which of the following best describes your primary occupation? (Please choose only one)			
Loc	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			
Sta	te Education Agency			
	State-level education administrator State-level advisor or board member			
Sta	te Government			
	State legislator or legislative staff member			
Oth	er			
	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.