The Department of Education and the First in the World (FITW) Technical Assistance (TA) Team are committed to providing quality TA services. Please take a few minutes to provide voluntary feedback about your experience to help us improve future TA and understand how TA benefits each grantee. The valid OMB control number for this information collection is 1880-0542.

**Title:** *FITW TA Feedback*

**This is an informal, voluntary opportunity for grantees to provide feedback on their experiences using [*TA Product*] in [*doing x*].**

**Goals and Anticipated Outcomes of TA:**

* *<insert information>*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate your agreement with the following statement regarding this TA.** | **Strongly Disagree** | **Disagree** | Neither Agree nor Disagree | **Agree** | **Strongly Agree** |
| 1. The <*insert product name*> was a helpful resource for <*insert goal of TA*>. | 1 | 2 | 3 | 4 | 5 |
| 1. The content of the <*insert product name*> was **clear and easy to understand**. | 1 | 2 | 3 | 4 | 5 |
| 1. It was **easy to use** the <*insert product name*> to <*insert goal of TA*>. | 1 | 2 | 3 | 4 | 5 |
| 1. The <*insert product name*> **strengthened my capacity** to conduct or improve my evaluation. | 1 | 2 | 3 | 4 | 5 |
| 1. I would **recommend** the <*insert product name*> to someone planning or conducting an evaluation. | 1 | 2 | 3 | 4 | 5 |

1. What aspects of the <*insert product name*> were **most useful**? Why?

1. What aspects of the <*insert product name*> were **least useful**? Why?

1. How would you suggest changing the <*insert product name*> to make it more useful?

1. What additional TA would you like to see in the future?

1. (Optional) Please identify the College/University you are working with:
2. (Optional) Please indicate your Grantee related role:

Grantee

Evaluator

These are optional statements and questions that can be added to the generic feedback form to address the specifics of a particular mode of TA being provided. It is expected that each final TA feedback form will be no longer than the front and back of one page or 20 questions, whichever is shorter, with a burden of no more than 3-5 minutes per respondent.

**Optional Questions:**

**TA Products:**

* Additional agreement statements for products that can be added to the generic TA feedback form as needed:

1. The <insert product name> was clearly written and organized.
2. The knowledge and/or skills I acquired through the <insert product name> are directly applicable to my work.
3. I will share the knowledge and/or skills I learned from <insert product name> with others.
4. I plan to use the <insert product name> in the future.

**Webinars:**

* Additional agreement statements for webinars that can be added to the generic TA feedback form as needed:

1. A webinar was appropriate format for *<insert goal of TA>*.

**Meetings:**

1. What would be most useful at future meetings (check up to three):
   * More one-on-one time to discuss our evaluations with the TA team.
   * More time for discussion with other grantees on our evaluations.
   * More time hearing from experts on evaluation topics.
   * More concrete tasks that will help us in moving our evaluation forward as a team.
   * A specific topical focus on (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individualized TA:**

* Additional agreement statements for individualized TA that can be added to the generic TA feedback form as needed:

1. This individualized TA experience (i.e. TA phone call) was useful for moving our evaluation forward.

* Additional open-ended response questions for individualized TA that can be added as needed:

1. On a scale of 1 to 5, with 1 representing “very dissatisfied” and 5 representing “very satisfied,” how satisfied are you with the quality and capacity of the TA provider(s)? Please explain.

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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 1880-0542. 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. If you have comments or concerns regarding the status of your individual submission of this form, application or survey, please contact Daphne Garcia (Daphne.Garcia@ed.gov), Institute of Education Sciences, U. S. Department of Education, 550 12th Street, SW, Washington, DC 20004 directly.