Regional Educational Laboratories (REL) Stakeholder Feedback Survey

Please take a few minutes to provide feedback about your experience with activities created by Regional Educational Laboratory (REL) < Insert Region Name > . 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 REL activities.

Activity: <u><insert activity="" title=""></insert></u>
Research Partnership Affiliation (if applicable): <insert name="" partnership=""></insert>
Survey Completion Date:

Module 1: Coaching/Consultation Support Activity

For the questions below, please indicate the extent to which you agree or disagree with the following statements.

SD-I strongly disagree with this statement. SA-I strongly agree with this statement.

D-I disagree with this statement. NA-Not applicable.

A-I agree with this statement.

1. The coaching/consultation offered by the REL was relevant to a particular issue facing my agency or organization.	SD	D	A	SA	NA
2. The coaching/consultation offered by the REL increased my understanding of the topic.	SD	D	A	SA	NA
3. The coaching/consultation offered by the REL increased my understanding of the research and data available to examine this issue.	SD	D	A	SA	NA
4. The coaching/consultation offered by the REL increased my awareness of available research and data on this topic or issue.	SD	D	A	SA	NA
5. The coaching/consultation offered by the REL increased my understanding of the ways research and data can be used to investigate this issue.	SD	D	A	SA	NA
6. The coaching/consultation offered by the REL increased my capacity to use research and data to solve problems in my agency or organization.	SD	D	A	SA	NA
7. I would likely participate in additional support activities offered by the REL.	SD	D	A	SA	NA
8. I understood my role and the expectations for my participation in this project.	SD	D	A	SA	NA
9. My agency or organization received the appropriate level of support from the REL to implement this project.	SD	D	A	SA	NA
10. The benefits from this project were worth the time and resources my agency or organization invested to participate.	SD	D	A	SA	NA

11.	What aspects of the coaching/consultation were <u>most</u> helpful and why?

12.	What aspects of the coaching/consultation were <u>least</u> helpful and why?
13.	What additional information, support, tools, or activities on this topic would help you apply the information to your own work?
14.	What part of this coaching/consultation would you suggest changing to make it better for future participants?
15.	As a result of coaching/consultation, I plan to take the following action steps: a)
16.	Please list more specific areas of need or interest to your agency or organization for future REL workshops or studies:

Module 2: In-person Technical Assistance Workshop, Training, or Bridge Event

For the questions below, please indicate the extent to which you agree or disagree with the following statements.

SD – I strongly disagree with this statement.

SA – *I* strongly agree with this statement.

D-I disagree with this statement.

NA – *Not applicable.*

A-I agree with this statement.

1. The goals for the workshop or training were clearly stated at or before	SD	D	Λ	S	NA
the beginning of the event.	3D	ט	А	A	INA
2. The structure of the workshop or training was appropriate for meeting	SD	D	Λ	S	NA
the stated goals.	שט	ע	A	A	INA
3. The research evidence was presented clearly and provided examples or	SD	D	Λ	S	NA
practical suggestions for implementation.	שט	ע	A	Α	INA
4. The format of the workshop or training provided ample opportunity for	SD	D	Λ	S	NA
participants to meaningfully interact with each other.	യ	ען	A	A	INA

5. The workshop or training was relevant to an issue currently facing my agency or organization.	SD	D	A	S A	NA
6. The workshop or training has increased my capacity to use research or effectively incorporate data into decision making for my agency or organization.	SD	D	A	S A	NA
7. I expect to apply or share information from the workshop or training.	SD	D	A	S A	NA
8. I would likely participate in additional workshops or trainings offered by the REL.	SD	D	A	S A	NA
9. The benefits of attending this workshop or training were worth the time I invested.	SD	D	A	S A	NA
10. What aspects of the workshop or training were <u>most</u> helpful and why?					
11. What aspects of the workshop or training were <u>least</u> helpful and why?					
12. What additional information, support, tools, or activities on this top information to your own work?	ic wo	uld he	elp y	ou ap	ply the
13. What part of this workshop or training would you suggest changing participants?	g to m	ake i	t bett	er foi	future
14. As a result of workshop or training, I plan to take the following action s a)					
15. Please list more specific areas of need or interest to your agency or orgaworkshops or studies:	nizatio	on for	futur	e REI	

S

A

NA

Module 3: Virtual Technical Assistance Workshop, Training, or Bridge Event

For the questions below, please indicate the extent to which you agree or disagree with the following statements.

SD – I strongly disagree with this statement.

1. The goals for the event were clearly stated at or before the beginning

2. The structure of event was appropriate for meeting the stated goals.

SA – *I* strongly agree with this statement.

SD

SD

D

D

Α

D-I disagree with this statement.

NA – *Not applicable.*

A - I agree with this statement.

of the event.

3. The research evidence was presented clearly and provided examples or practical suggestions for implementation.	SD	D	A	S A	NA
4. The event actively engaged me in learning the content.	SD	D	A	S A	NA
5. The event was relevant to an issue currently facing my agency or organization.	SD	D	A	S A	NA
6. The event has increased my capacity to use research or effectively incorporate data into decision making for my agency or organization.	SD	D	A	S A	NA
7. I expect to apply and share information from the event.	SD	D	A	S A	NA
8. I would likely participate in additional workshops or trainings offered by the REL.	SD	D	A	S A	NA
9. The benefits of attending this event were worth the time I invested.	SD	D	A	S A	NA
10. What aspects of the event were most helpful and why?11. What aspects of the event were least helpful and why?					
12. What additional information, support, tools, or activities on this top information to your own work?	pic wo	uld h	elp y	ou ap	pply the
13. What part of this event would you suggest changing to make it better fo	or futur	e part	icipar	nts?	
14. As a result of event, I plan to take the following action steps:					

15. Please list more specific areas of need or interest to your agency or or workshops or studies:	ganizatio	on for	futur	e RE	L
workshops of studies.					
Module 4: Research Partnership Participation					
For the questions below, please indicate the extent to which you agree or tatements.	disagree	with	the fo	ollowi	ing
SD-I strongly disagree with this statement. $SA-I$ strongly $D-I$ disagree with this statement. $NA-N$ ot appl		vith th	nis sta	temei	nt.
A – I agree with this statement.					
. Participation in this research partnership has increased my capacity to use research or effectively incorporate data into decision making for my ugency or organization.	SD	D	A	S A	NA
gency of organization. 2. Participation in this research partnership has increased my gency's/organization's capacity to conduct high quality research and valuation. (<i>If applicable</i> .)	SD	D	A	S A	NA
Farticipation in this research partnership has provided information that informed my agency's/organization's decision-making or relationships with partner agencies or organizations.	SD	D	A	S A	NA
Participation in this research partnership has led my agency or organization to participate in, design, or conduct an evaluation study. (<i>If applicable</i> .)	SD	D	A	S A	NA
			1		
5. What aspects of the Research Partnership were <u>most</u> helpful and why	?				
)				
6. What aspects of the Research Partnership were <u>least</u> helpful and why?					

participants?	vould you suggest changing to make it better for futu
As a result of Research Partnership, I plan (a)	
. Please list more specific areas of need or in workshops or studies:	terest to your agency or organization for future REL
espondent Information	primary occupation? (Please choose only one.)
espondent Information Which of the following best describes your cal Education Agency	primary occupation? (Please choose only one.) State Government
espondent Information Which of the following best describes your real Education Agency Teacher/Educator	primary occupation? (Please choose only one.)
espondent Information Which of the following best describes your cal Education Agency Teacher/Educator Principal/Vice-Principal	primary occupation? (Please choose only one.) State Government State legislator or legislative staff member
espondent Information Which of the following best describes your cal Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator	primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe
espondent Information Which of the following best describes your cal Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator Librarian	primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe Other Federal agency or program staff
espondent Information Which of the following best describes your cal Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator Librarian School board member	primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe
espondent Information Which of the following best describes your cal Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator Librarian School board member School district central office staff	primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe Other Federal agency or program staff Nationwide agency, program, or TA provider Independent education consultant
espondent Information Which of the following best describes your cal Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator Librarian School board member School district central office staff School superintendent/Assistant superintendent	Primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe Other Federal agency or program staff Nationwide agency, program, or TA provider Independent education consultant Community organizing / advocacy Staff member of an education or public
espondent Information Which of the following best describes your real Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator Librarian School board member School district central office staff School superintendent/Assistant superintendent	primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe Other Federal agency or program staff Nationwide agency, program, or TA provider Independent education consultant Community organizing / advocacy Staff member of an education or public policy organization
espondent Information Which of the following best describes your real Education Agency Teacher/Educator Principal/Vice-Principal Other school-level administrator Librarian School board member School district central office staff School superintendent/Assistant superintendent	Primary occupation? (Please choose only one.) State Government State legislator or legislative staff membe Other Federal agency or program staff Nationwide agency, program, or TA provider Independent education consultant Community organizing / advocacy Staff member of an education or public

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 **1880-0542.** 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: Felicia Sanders**, Institute of Education Sciences, U.S. Department of Education, 550 12th Street, SW, Room 4117, Washington, D.C. 20202.