

NASA GRC Education Workshop Participant Feedback Survey

Thank you for participating in (insert name of specific activity.) We ask that you please take a moment to provide your feedback that will be used to improve the development and delivery of educator training, resources and support.

The following questions will help us develop the best program to fit the needs of teachers today. We estimate that it will take about 10 minutes to complete this survey. Your participation is voluntary and anonymous, meaning your responses will not be associated with you, whether submitted as a hard copy or with your email address or your computer's IP address if submitted electronically. Your feedback is important to us. Thank you for your assistance.

Participant Profile Information

1. When did you attend the event and what type of event was it?

Date of Attendance: _____

Check One.

- In Person Content Workshop/Seminar Training
- Web-based Content Workshop/Seminar Training

2. How did you learn about this workshop?

- E-mail
- Direct Mail
- Social Media Post
- Colleague/Supervisor
- Web Search
- Other _____

3. What are the current institution type, program type, and setting where you will use the content of this activity?

Check one of each to best describe where the content of this activity will be applied.

Institution Type:

- Public School
- Private School
- Science Center/Museum or Planetarium
- Youth Serving Organization
- Other _____

Program Type:

- In-School Program
- Afterschool Program
- Weekend Program
- Summer Program
- Other _____

Setting:

- Urban
- Suburban
- Rural
- Other _____

4. What subject do you primarily teach in which you will use the content of this activity?

Check One.

- General Science
- Physical Science
- General Math
- Specialized Math (i.e. Geometry)
- Technology
- Special Education/Inclusion
- Other _____

5. What educational level will you primarily use the content of this activity?

Check One.

- Primary/Elementary School
- Middle/Junior High School
- Secondary/High School
- Higher Ed

Workshop Content Feedback

Please rate your response to the following statements. On a scale of 1-4 where 1 is strongly disagree and 4 is strongly agree, please select the most appropriate answer.

6. This workshop met my content needs.

Check One.

- Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

7. This experience has provided NASA education lessons/activities/materials that I can use in my classroom/institution.

Check One.

- Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

8. The workshop assignments/activities were understandable.

Check One.

- Strongly Disagree (1) Disagree (2) Agree (3) Strongly Agree (4)

9. What workshop topic(s) are you interested in?

Check all that apply.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Aeronautics | <input type="checkbox"/> Life Science | <input type="checkbox"/> Space Exploration |
| <input type="checkbox"/> Alternative Energy | <input type="checkbox"/> Robotics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineering Design Process & Challenges | <input type="checkbox"/> Rocketry | |

10. Do you have any additional feedback regarding the content of the workshop you attended?

Workshop Quality

Please rate your response to the following statements. Based on the associated scale, please select the most appropriate answer.

11. Overall, how would you rate the workshop?

Check One.

- Poor (1) Fair (2) Good (3) Excellent (4)

12. Overall, how would you rate the Workshop Facilitator(s)?

Check One.

- Poor (1) Fair (2) Good (3) Excellent (4)

13. Overall, how would you rate the workshop venue/environment?

Check One.

- Poor (1) Fair (2) Good (3) Excellent (4)

14. The pace of the activities and presentations were appropriate.

Check One.

- Too Slow (1) The Right Speed (2) Too Fast (3)

15. The workshop was engaging.

Check One.

- Strongly Disagree (1)
- Disagree (2)
- Agree (3)
- Strongly Agree (4)

16. The workshop was worth my time.

Check One.

- Strongly Disagree (1)
- Disagree (2)
- Agree (3)
- Strongly Agree (4)

17. What was your favorite activity/presentation/experience of the workshop and why?

18. What was your LEAST favorite activity/presentation/experience of the workshop and why?

19. How likely are you to recommend NASA Education Workshops to others?

Check One.

- Very Unlikely (1)
- Unlikely (2)
- Likely (3)
- Extremely Likely (4)

20. Do you have any other feedback to offer regarding the workshop you attended?

Thank you very much. We appreciate you taking the time to provide us with your feedback.

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 2700-0153 and expires on 07/31/2017. We estimate that it will take 10 minutes to read the instructions, gather the facts and answer the questions. Send only comments relating to our time estimate to: Sylvia.A.Merritt@nasa.gov