**Targeted Technical Assistance/Community of Practice Customer Satisfaction Survey**

Please take a moment to fill out this brief survey regarding your (your targeted technical assistance experience/participation in a Community of Practice).

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 0.12 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, MD, 20857.

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| 1. **(Matrix) Please tell us the extent to which you agree or disagree with the following statements.** | | | | |
| 1. (Participation in the Community of Practice/The targeted technical assistance received) helped support our program mission to deliver evidence-based home visiting services. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| 1. (Participation in the Community of Practice/The targeted technical assistance received) provided my organization with opportunities to engage in learning about a topic in which we need support. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| 1. (Participation in the Community of Practice/The targeted technical assistance received) enhanced my organization’s ability to support LIAs in addressing an identified need. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| 1. (Participation in the Community of Practice/The targeted technical assistance received) connected me with resources that are useful for my organization’s home visiting needs. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |

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| 1. **(Matrix) Overall, how satisfied were you with the following items?** | | | | |
| 1. The quality of the (targeted technical assistance/Community of Practice) content | | | | |
| Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |
| 1. The timeliness of the (targeted technical assistance/Community of Practice) | | | | |
| Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |
| 1. The responsiveness of the (TA Specialist/Community of Practice facilitator) | | | | |
| Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |
| 1. Your communication with your (TA Specialist/Community of Practice facilitator) | | | | |
| Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |
| 1. Your (TA Specialist’s/Community of Practice facilitator’s) ability to understand the unique nature of your needs | | | | |
| Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |
| 1. Your (TA Specialist’s/Community of Practice facilitator’s) knowledge related to the topics of the technical assistance provided | | | | |
| Extremely satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Extremely dissatisfied |

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| 1. **(Matrix) Please indicate the extent to which you agree or disagree with the following statements** | | | | |
| 1. The (targeted technical assistance/Community of Practice) improved our ability to reach our performance measures. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| 1. The (targeted technical assistance/Community of Practice) increased our capacity to engage families. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| 1. The (targeted technical assistance/Community of Practice) increased the knowledge and skills of our workforce. | | | | |
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |

1. (Open-ended) In what ways could your (TA Specialist/Community of Practice facilitator) better support you?
2. (Open-ended) What aspects of the (targeted technical assistance received/Community of Practice) were the most useful?
3. (Open-ended) What can we do to improve future (targeted technical assistance/Community of Practice) offerings?