



Learning Experience survey

Instructions for On-line Survey Development

For each Learning Experience hosted by the Center for States, a feedback survey will be created in on-line survey software and embedded in the curriculum’s pre-post testing to gather feedback that can inform project planning. Given the changing nature and content on each experience, it is important to be able to get feedback from recipients without creating undue burden by answering excessive questions that only marginally apply. To address this, the survey will be tailored to the unique information needs of each experience to ensure low burden while informing high quality service provision. The surveys will include pre/post test questions, 6 required feedback questions, and a selection of optional context specific feedback questions (up to 10). There will be a maximum of 15 pre/post questions per instructional hour (e.g., multiple choice) which will be used only to collect continuous quality improvement information and for participants to use to inform their learning or acquire continuing education units.

For Learning Experiences that consist of a single event (e.g. on-line session or in-person training): Each tailored survey will have no more than 45 questions, including 6 required feedback questions, 30 pre/post questions, and a maximum of 10 optional questions, with a burden of no more than 20 minutes.

For more intensive Learning Experiences that require administration of multiple surveys over a series of events, modules, or units: A tailored survey for each module will have no more than 21 questions, including the pre- post-test for that module, for a burden of no more than 5 minutes. The last event, module, or unit will include a survey at the same burden level as the single event (20 minutes).

Required Questions (6 required)

	Strongly Disagree	2	3	Neither	5	6	Strongly Agree
1. The materials and information were appropriate for my level of experience and knowledge.	SD	2	3	N	5	6	SA
2. [Name of Learning Experience] will be helpful in my work.	SD	2	3	N	5	6	SA
3. Overall, I was satisfied with the [Name of Learning Experience]	SD	2	3	N	5	6	SA

4. The [Name of Learning Experience] has increased my knowledge about [Topic 1]. <i>(Insert for each key topic)</i>	SD	2	3	N	5	6	SA
5. The [Name of Learning Experience] has increased my practical skills regarding [Topic 1]. <i>(Insert for each key topic)</i>	SD	2	3	N	5	6	SA

6. PRE- POST-TEST QUESTIONS (include up to 15 pre/post test questions per hour of instruction)

7. What aspects of the [Name of Learning Experience] were most relevant and useful for your work?

Optional Questions (choose up to 10)

Rating Questions (7pt likert scale)

- The time allotted was appropriate for meeting the [Name of Learning Experience] learning objectives.
- I found the pre-session assignments and background materials to be helpful in preparing me for the [Name of Learning Experience].
- The format of the [Name of Learning Experience] made it easy to participate.
- I would recommend the Name of Learning Experience] to others.
- (insert/delete as many trainers/presenters/consultants as necessary): The knowledge and expertise of this trainer/presenter/consultant were appropriate for this [Name of Learning Experience].
- Trainer/Presenter/Consultant 1 (insert/delete as many trainers/presenters/consultants as necessary): The trainer/presenter/consultant tailored and delivered the content of the [Name of Learning Experience] effectively.
- As a result of my participation, I am able to [Name of Learning Experience Goal 1]. (Insert/delete as many objectives/goals as necessary; learning objectives should include knowledge/skills/attitudes participants are expected to achieve)
- I will share what I learned during [Name of Learning Experience] with others.
- The format of the [Name of Learning Experience] provided opportunities for participants to interact.
- The facilitator encouraged participation from all attendees.
- The trainer/facilitator helped me to see how the [Name of Learning Experience] can be applied to my work.
- The trainer/facilitator provided sufficient opportunities to practice new information/skills.
- My Coach/Mentor helped me to apply what I learned to my work.
- The [Name of Learning Experience] has motivated me to continue learning in this topic area.
- As a result of the [information I learned, knowledge I gained] through the [Name of Learning Experience], I will be a more effective in my work.
- The [Action Project] helped me to better understand the materials.
- The [Action Project] helped me to apply my knowledge to a real world situation/activity.
- Please tell us how the work that you have done through [Action Project] impacted your agency.
- I am interested in getting continuing education units for the [Name of Learning Experience].
- I was motivated to complete the [Name of Learning Experience] in order to get continuing education units.
- I feel prepared to do this work as a result of my participation in [Name of Learning Experience].
- *These question is required only for intensive learning experiences, which have participants' transfer of knowledge (participants take the knowledge and use it in their work place, there is an evidence of*

learning, building knowledge, and reinforcement of understanding) as one of their realistic goals/learning objectives. It only needs to be asked once after the last session.

- My organization values learning.
 - The information I received from the [Name of Learning Experience] can definitely be used in my work.
 - I had input into the selection of the [Name of Learning Experience].
 - The content of the [Name of Learning Experience] is consistent with my agency's mission, philosophy and goals.
- The leadership in our organization is interested in hearing my ideas about how we can improve agency results.
 - I have a way of sharing my ideas to improve practices, policies or results for children and families.
 - We are encouraged to work with staff in other departments to solve problems.
 - I have opportunities to learn new things that will help me improve my work.
 - I feel empowered to try different strategies that might improve outcomes for children and families.
 - We work as a team in my office to understand and improve outcomes for children and families.
 - We share learning across the state and between regions.
 - As a result of my involvement in the [Name of Learning Experience], I have improved my connections with peers/colleagues.
 - I feel confident in my ability to [Insert the name of the skill/topic] as a result of my participation in [Name of Learning Experience].
 - My agency will support me in applying the knowledge and skills I learned in this [Name of Learning Experience] to my work.
 - I have discovered new tools, ideas, & ways of thinking from the relationships developed during the [Name of Learning Experience]?
 - The [Name of Learning Experience] had a good cultural fit for my tribal [agency, community, or work].
 - I would recommend that individuals from other tribal programs participate in [Name of Learning Experience].

Open-ended questions:

- Provide a specific example of how the [Name of Learning Experience] has improved your relationship with peers or benefitted your work.
- Was [Title of Activity 1] helpful? If so, why, and if not, how can they be improved? (*Pick one or two appropriate training activities*)
- What additional training would be useful for you or your organization?
- Do you have any additional comments?

Response choice questions:

SKIP PATTERN: If Somewhat Agree, Agree, or Strongly Agree are selected for item #7 above ask:

If so, how and with what groups of colleagues will you share what you learned? Please provide the number of people that you are planning to share with/have shared with?

SKIP PATTERN: If Neither Agree nor Disagree, Somewhat Disagree, Disagree, or Strongly Disagree are selected for item above ask:

If not, why not?

As a result of this [Name of Learning Experience], <how often, over the past six month do you anticipate engaging/have engaged with other attendees outside of official activities?

- Never
- Once

- Every Few Months
- Monthly
- A Few Times a Month
- Weekly
- Two to Three Times a Week

How many people have you referred to the [Name of Learning Experience]?

- I have not shared this yet
- 1-5
- 6-10
- 10-20
- 20 or more

I have discovered new tools, ideas, & ways of thinking from the relationships developed during the [Name of Learning Experience]? < yes/no> Please explain

As a result of my participation/involvement in the [Name of Learning Experience], I developed new relationships with ...

- [Insert options that are relevant to the target audience]

I am involved in the following aspect of the <Center for States/ Center for Tribes> capacity building services: (Select all that apply)

- State team working with liaison
- Participating in constituency group
- Registered for one of the Center's Learning Experiences (such as the CQI Training Academy, etc.)
- Participating in a constituency group
- Tribal team working with Center liaison
- Registered for one of the Center's learning experiences
- Center for Tribes staff
- Other (please describe) _____

How many years of service do you have in your current profession? (Check one)

- Less than 1 year
- 1-5 years of service
- 6-10 years of service
- 11-15 years of service
- 16+ years of services

8. How often do I anticipate (or am I) applying what was learned?

- Daily
- Weekly
- Monthly
- Quarterly
- Annually
- Never

9. Were there ways in which the [Name of Learning Experience] could have been improved? (Yes/No)

If yes, please describe how this [[Name of Learning Experience] could have been improved?

10. Which of the following best describes your position or role? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Leadership (director/deputies) | <input type="checkbox"/> Stakeholders |
| <input type="checkbox"/> Training Department/Division | <input type="checkbox"/> Contracted Service Providers (provide examples) |
| <input type="checkbox"/> Supervisors | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Case Workers/Direct Practices Workers | <input type="checkbox"/> Health |
| <input type="checkbox"/> Data Managers & IT Staff | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Foster Care Managers | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Adoption Managers | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Courts | <input type="checkbox"/> Education |
| <input type="checkbox"/> CIP Coordinators | <input type="checkbox"/> Community (provide examples) |
| <input type="checkbox"/> Judges | <input type="checkbox"/> Families, Parents, Youth (provide examples) |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Foster Parent/Caregivers |
| <input type="checkbox"/> Court Administrative Officers | <input type="checkbox"/> Tribal child welfare |
| <input type="checkbox"/> Attorney/Attorney-GALs | <input type="checkbox"/> Tribal Council |
| <input type="checkbox"/> Court/Attorney Data Managers & IT staff | <input type="checkbox"/> Tribal Court |
| <input type="checkbox"/> CASAs/Non-attorney GALs/other advocates | <input type="checkbox"/> Tribal Elders |
| <input type="checkbox"/> Case Workers/Social Workers/Other | <input type="checkbox"/> Other tribal program (Please describe) |

11. Which of the following best describes your workplace? (Check one)

- | | |
|---|---|
| <input type="checkbox"/> State public agency | <input type="checkbox"/> Training and technical assistance provider |
| <input type="checkbox"/> Local or county public agency/organization | <input type="checkbox"/> Capacity Building Center for States |
| <input type="checkbox"/> Federal agency | <input type="checkbox"/> Capacity Building Center for Tribes |
| <input type="checkbox"/> Legislature | <input type="checkbox"/> Capacity Building Center for Courts |
| <input type="checkbox"/> Non-profit (e.g. community-based organization, faith-based organization) | <input type="checkbox"/> Children's Bureau |
| <input type="checkbox"/> Tribal agency/organization | <input type="checkbox"/> Other (Please describe) |

How did you learn about the [Name of Learning Experience]? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Capacity Building Collaborative webpage | <input type="checkbox"/> Search engine (e.g., Google, Yahoo) |
| <input type="checkbox"/> Center for States Liaison | <input type="checkbox"/> Social media (e.g., Facebook, Twitter, YouTube) |
| <input type="checkbox"/> Center for Tribes staff person | <input type="checkbox"/> Conference or presentation (please specify) |
| <input type="checkbox"/> Listserv | <input type="checkbox"/> Link from another webpage (please specify) |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Children's Bureau |
| <input type="checkbox"/> Hard-copy publication | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Advertisement (please specify) | |

In which State/Territory/Tribe do you work? _____

Please select the various ways you [*insert have already applied the information, plan to apply the information*] from the [Name of Learning Experience] in your work. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Support program improvement | <input type="checkbox"/> Provide information to clients/families |
| <input type="checkbox"/> Support policy development | <input type="checkbox"/> Share with peers |

- Support public awareness/advocacy
- Grant writing/Fundraising
- Train staff/colleagues
- Conduct research & evaluation
- My own professional development (e.g., increased knowledge)
- I have not yet applied this to my work
- Other (Please describe): _____

Please provide a specific example: _____