

# NASA Challenge Workshop/Educator Feedback Survey

Thank you for participating in (auto-populate with name of specific challenge 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.

Date of Attendance: [Auto-populated at administration]

NASA Center for this activity? [Auto-populated at administration]

## Participant Profile Information

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

Date of Attendance: [auto populated at administration]

*Check One.*

- In Person Content Workshop/Seminar Training
- Web-based Content Workshop/Seminar Training
- Other \_\_\_\_\_

### 2. How did you learn about this workshop? *Check One.*

- 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. Please select the one option that best describes your current work as an educator:**

- Educator – Elementary School
- Educator – Middle School/Junior High
- Educator – High School
- Educator – Homeschool
- Educator – College/University
- Educator – Informal (museum, park interpreter, etc.)
- Pre-Service Teacher
- I work in education but I am not a classroom teacher
- I am a retired educator or have left the field of education
- Other (Please explain. 100 characters and spaces): \_\_\_\_\_  
\_\_\_\_\_

**Workshop Content Feedback**

**6. Is the NASA content presented to you during this experience applicable to your classroom?**

- No
- Yes
- Yes, but with some changes (Please explain. 500 characters and spaces)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Has this NASA experience inspired you to bring NASA content into your classroom?**

- Yes
- Yes, and I plan on sharing these materials with other educators
- No, I already utilize NASA content in my classroom
- No, these materials do not fit with my curriculum
- No, but I plan on sharing these materials with other educators
- Other (Please explain. 200 characters and spaces): \_\_\_\_\_  
\_\_\_\_\_

**8. Would you want to attend another NASA experience?  Yes  No**

Why or why not? (Please explain. 500 characters and spaces):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Would you recommend this experience to other educators?  Yes  No**

Why or why not? (Please explain. 500 characters and spaces):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. What aspect of this experience did you like best?** (Please explain. 500 characters and spaces):

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**11. I how would you change this NASA experience or content, if you were in charge?** (Please explain. 500 characters and spaces):

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**12. Do you have any other feedback to offer regarding the workshop you attended?** (Please explain. 500 characters and spaces):

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As Educators, we know that your time is most valuable. Your assistance is deeply appreciated!

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:** [hq-oeidadmin1@mail.nasa.gov](mailto:hq-oeidadmin1@mail.nasa.gov).