**GRANTEE SURVEY QUESTIONS**

**Survey Instructions**

As you know, the Corporation for National and Community Service (CNCS), with its contractor Abt Associates, is conducting the second year of the national evaluation of the School Turnaround AmeriCorps program, a partnership between CNCS and the U.S. Department of Education. The purpose of the study is to learn how the School Turnaround AmeriCorps program is being implemented and how it is helping schools address their turnaround goals.

All grantees are being asked to complete a survey as part of the study. Your perspective is very important, so please answer honestly. Your participation in this study is completely voluntary. Refusing to participate will not involve any penalty or affect your employment. Your responses to this survey will not affect the status of your grant.

All responses are anonymous and your responses will be kept confidential to the extent provided by law. The information you provide in the survey will be summarized with the information from other respondents and included in a report that will be shared with CNCS.

Please proceed to the next page of this survey if you agree to participate.

Please contact Erin Sullivan at 844-868-4994 or via email at schoolturnaround@abtassoc.com with any questions regarding this research.

1. **Did your organization’s relationship with the school(s) your grant is operating in exist before you established a partnership agreement for the School Turnaround AmeriCorps program?**

\_\_\_\_ Yes, with all schools

\_\_\_\_ Yes, with some schools

\_\_\_\_ No

1. **How many years total has your organization worked at this school, including this year?**

\_\_\_\_ Less than 6 months

\_\_\_\_ 6 months to less than one year

\_\_\_\_ One year

\_\_\_\_ Two years

\_\_\_\_ Three or more years

\_\_\_\_ Varies by school (please check all that apply above)

1. **To the best of your knowledge, do School Turnaround AmeriCorps members provide direct services to individual students, to the whole classroom, or to all students in the school during the 2015-16 school year? *(Check all that apply.)***

\_\_ AmeriCorps programming was targeted to individual students

\_\_ AmeriCorps programming supported the whole classroom(s)

\_\_ AmeriCorps programming supported all students in the school

\_\_Varies by school (please check all that apply above)

\_\_Don’t know

**Do you know which students were served by School Turnaround AmeriCorps members ?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Some but not all \_\_\_\_\_

1. **For the purpose of the School Turnaround AmeriCorps program, how does your organization define program completion for a particular student?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please review the list below to confirm the schools to which your organization assigned School Turnaround AmeriCorps members. Fill in the number of members who serve at each school during 2015-16, and the targeted number of students that you expect to serve and complete the program this school year. If you don’t know, please write in “DK.”**

|  |  |  |  |
| --- | --- | --- | --- |
| **Which schools were served by the School Turnaround AmeriCorps members engaged by your organization?** | **Number of AmeriCorps members** | **Target number of students to be directly served by School Turnaround AmeriCorps program (2015-16)** | **Target number of students expected to receive School Turnaround AmeriCorps program/services this school year (2015-16)\*** |
| **[PREPOPULATED SCHOOL NAME]** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **\*Please do not include students who dropped out of the program or left the school or district in this count.**

**Please fill in the following information on the characteristics of School Turnaround AmeriCorps programming at each school served by your organization this school year (2015-16).**

1. **If you don’t know, please write in “DK.”**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Which schools were served by the School Turnaround AmeriCorps members engaged by your organization?** | **Number of School Turnaround AmeriCorps members** | **On average, number of hours per week each School Turnaround AmeriCorps member serves (2015-16)** | **On average, number of weeks School Turnaround AmeriCorps members spend in this school this school year (2015-16 )** | **Number of students served by School Turnaround AmeriCorps program in this school this school year (2015-16)** | **Number of students expected to complete AmeriCorps program in this school this school year (2015-16)\*** |
| **[PREPOPULATED SCHOOL NAME]** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\*Please do not include students who dropped out of the program or left the school or district in this count.**

1. **On average, how often do the School Turnaround AmeriCorps members meet with school staff to discuss data on the progress of all students? Please select the option that is closest to your members’ experience.**

\_\_\_\_More than twice per month

\_\_\_\_Twice per month

\_\_\_\_ Once per month

\_\_\_\_ Once every six months

\_\_\_\_ Once per year

\_\_\_\_ Very different from school to school (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Don’t know

1. **To the best of your knowledge, which mechanisms did the school(s) use to identify students to participate in activities led by School Turnaround AmeriCorps members? (*Check all that apply*.)**

\_\_\_ Teacher recommendation

\_\_\_ Counselor recommendation

\_\_\_ Parent request

\_\_\_ Student request

\_\_\_ Standardized test scores

\_\_\_ Performance in class and on homework

\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Don’t know

1. **To the best of your knowledge, what are the reasons that students were identified to participate in School Turnaround AmeriCorps programming? *(Check all that apply.)***

\_\_ To improve academic achievement (standardized test scores and/or grades)

\_\_ To improve academic engagement (attendance, interest in school)

\_\_ To assist students at risk of dropping out

\_\_ To improve self-esteem or socio-emotional health

\_\_ To improve behavior

\_\_ To sustain academic performance

\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Don’t know

1. **What do you consider to be the most important school turnaround outcomes for students over the next two years? Please rank from 1 up to 9, with 1 being most important. Please only rank an outcome if you believe it is important.**

\_\_\_ Enhanced academic achievement

\_\_\_Improved grades

\_\_\_Improved completion of assignments

\_\_\_Increased motivation

\_\_\_Increased self-esteem

\_\_\_ Improved attendance

\_\_\_Improved socio-emotional health

\_\_\_Improved behavior

\_\_\_Other (other, if other please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Not applicable

If Not applicable is selected, none of the others should be ranked

1. **Please fill in the following table about student outcomes..**

|  |  |  |
| --- | --- | --- |
|  | Was there improvement in this area for students in your schools served by School Turnaround AmeriCorps members last year (2014-15)? | If you marked “Yes,” what were the outcomes with the greatest degree of improvement, across schools?  Rank from 1 up to 9, with 1=Greatest improvement and 9=Least improvement. Do not rank outcomes where you marked “No.” |
| Enhanced academic achievement | \_\_ Yes, in all schools  \_\_Yes, in most schools (more than 50%)  Yes, in some schools (25-49%)  \_\_Yes, in a small number of schools (less than 25%)  \_\_No |  |
| Improved grades | Same options as above |  |
| Improved completion of assignments | Same options as above |  |
| Increased motivation | Same options as above |  |
| Increased self-esteem | Same options as above |  |
| Improved attendance | Same options as above |  |
| Improved socio-emotional health | Same options as above |  |
| Improved behavior | Same options as above |  |
| Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Same options as above |  |

1. **Please indicate your level of agreement/disagreement about your organization’s collaboration with your school partner(s) for each statement listed below. Please try to respond by thinking in reference to the typical school,, if you work with more than one.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Very different school to school** | **Don’t Know** |
| 1. It is easy for me to get in touch with someone from the school(s). |  |  |  |  |  |  |
| 1. There is frequent communication between my organization and the school(s) (e.g., visits to each other’s offices, meetings, written information and telephone communications). |  |  |  |  |  |  |
| 1. The school(s)responds , if needed, when I make contact |  |  |  |  |  |  |
| 1. The school(s) is(are) committed to making our collaboration a success. |  |  |  |  |  |  |
| 1. The school(s) has(have) the ability to accomplish set goals. |  |  |  |  |  |  |
| 1. The school(s) puts forth effort to maintain relationship(s) with my organization. |  |  |  |  |  |  |
| 1. My organization perceives our relationship with the school(s) as a priority. |  |  |  |  |  |  |

1. **For the items in #12 where you marked “Very different school to school,” please explain the variation below:**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **For this school year (2015-16), please indicate your level of satisfaction/dissatisfaction with each of the elements listed below. *(Mark one response in each row.)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very Dissatisfied** | **Dissatisfied** | **Satisfied** | **Very Satisfied** |  | **Not applicable (e.g., this is not part of the structure of services** |
| 1. Communication and collaboration between teachers and School Turnaround AmeriCorps members |  |  |  |  |  |  |
| 1. Communication and collaboration between school leadership and AmeriCorps members |  |  |  |  |  |  |
| 1. Communication between school leadership and grantee staff |  |  |  |  |  |  |
| 1. Implementation of the roles and responsibilities outlined in the school partnership agreements |  |  |  |  |  |  |
| 1. Placement of members in meaningful service activities |  |  |  |  |  |  |
| 1. Referral of students to receive services offered by AmeriCorps members |  |  |  |  |  |  |
| 1. Matching of members to students in need of academic strengthening and/or social/emotional supports |  |  |  |  |  |  |
| 1. Alignment of AmeriCorps member activities with school turnaround plans |  |  |  |  |  |  |
| 1. Sharing of outcome data by the school/district |  |  |  |  |  |  |

1. **For the items in #14 where you marked “Very different school to school,” please explain the variation below:**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#\_\_\_ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How important are the following cto successfully implementing your School Turnaround AmeriCorps program at a typical school?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at All Important** | **Somewhat Important** | **Important** | **Very Important** | **Not Applicable (e.g. my program doesn’t offer this)** |
| 1. Orientation and training of AmeriCorps members before they serve at the school |  |  |  |  |  |
| 1. Comprehensive trainings of AmeriCorps members and program support staff **during** their year(s) of service |  |  |  |  |  |
| 1. Clearly defined, multi-layered supervisory structure to ensure fidelity of program implementation |  |  |  |  |  |
| 1. Clearly defined framework (e.g., RTI) to guide instructional choices and allow for the assessment of program effectiveness |  |  |  |  |  |
| 1. Highly defined set of research-based scripted interventions to improve desired student-level outcomes |  |  |  |  |  |
| 1. Alignment of AmeriCorps activities to the strategies outlined in the school’s turnaround plan |  |  |  |  |  |
| 1. AmeriCorps member recruitment and selection process that effectively identifies members and selects members with characteristics/skills aligned with the program’s objectives |  |  |  |  |  |