

TITLE OF INFORMATION COLLECTION: State Capacity Building Center Specialized Resources TA Feedback Collection

Email Invitation/Script

Subject Line: Your Feedback on [Resource Name]

Good Morning/Afternoon,

The State Capacity Building Center is collecting feedback regarding its technical assistance (TA) products. According to our records, you received the [resource name] resource from the State Capacity Building Center last month. We would greatly appreciate your input on this resource and will use your feedback to inform future TA and product development efforts.

To provide feedback, please respond using this form: [link to survey monkey]. The brief survey is voluntary, will only take a few minutes, and all responses are anonymous.

If you would like to provide feedback, please respond to the form above by [date].

Thank you!
The State Capacity Building Center

Survey (to be sent in Survey Monkey)

OMB Control No: 0970-0401

Expiration date: 5/31/2018

Instructions:

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NOTE: THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13). Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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.

Resource:
Date Received:

Please select your role:

- Community member
- Direct child-serving practitioner (e.g., child care, preschool, home visiting, teacher)
- Family member
- State-level professional
- Training and technical assistance professional

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The information was clearly presented.	1	2	3	4	N/A
The information provided was useful (i.e. provided you with practical information or a practical perspective to inform your work).	1	2	3	4	N/A
Overall, the resource fit my needs.	1	2	3	4	N/A
Overall, the resource is of high quality.	1	2	3	4	N/A

Other. Please describe: _____

If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us why:

How could we improve this resource to better meet your needs?

What other resource topics would be useful to you?

Thank you for participating and we hope the resource provided met your expectations.

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future OCC technical assistance services. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 number and expiration date for this collection are OMB #: 0970-0401, Exp: 05/31/2018. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Carrie Kocot at carolyne.kocot@icf.com.