**21st CCLC Facilitator Online Survey**

**Section 1: Intro and Consent**

The New York Hall of Science and Education Development Center invite you to complete this survey for 21st CCLC Making program facilitators. The following questions will ask about your experiences facilitating the Making program at your 21st CCLC site. The survey will take approximately 12 minutes to complete.

The survey is voluntary and your responses will remain confidential, unless otherwise required by law. You may withdraw from the survey at any time. We do not ask for identifying information from you and request that you provide honest feedback; we truly hope to learn about what you experienced while facilitating the program.

The data from this survey will be aggregated and will be used by the New York Hall of Science, the Institute of Museums and Library Services and the U.S. Department of Education to benefit the museum field and the public and to learn about and consider improvements to the Making program for possible activities in the future. We greatly value your feedback.

Do you agree to take the survey? Please select yes or no.

* Yes
* No (if no, skip to end)

**Section 2: Background**

1. Please select the state where your 21st Century Community Learning Center (21st CCLC) is located. (drop down)
	1. Arkansas
	2. Florida
	3. New York
	4. Oregon
	5. Pennsylvania
	6. Texas
	7. Wisconsin
2. How long have you been working in the 21st CCLC program in which you facilitated the Making program? (select one)
	1. Less than 6 months
	2. 6 months – 1 year
	3. More than 1 year but less than 2 years
	4. More than 2 years but less than 5 years
	5. 5 years or more
3. Describe your prior interactions with the youth who participated in the Making program. (select one)
	1. I worked with all of the youth prior to the Making program.
	2. I worked with most of the youth prior to the Making program.
	3. I worked with some of the youth prior to the Making program.
	4. I have not worked with any of the youth prior to the Making program.
4. Were you involved with implementing a similar Making program in 2015? (select one)
	1. Yes
	2. No
	3. Don’t know
5. Prior to this program, had you ever implemented activities similar to those in this Making program? (select one)
	1. Yes
	2. No
	3. Don’t know

**Section 3: Site Implementation**

1. Approximately how many total youth participated in the Making activities at your site? (drop down)
	1. Less than 10 youth
	2. 11-15 youth
	3. 16-20 youth
	4. 21-25 youth
	5. 26-30 youth
	6. More than 30 youth
2. On average, how long did each Making activity session last? (drop down)
	1. 60 minutes or less
	2. 61 -75 minutes
	3. 76-90 minutes
	4. 91-105 minutes
	5. 106-120 minutes
	6. More than 120 minutes

1. Which of the following best describes how the Making activities were implemented at your site? (select one)
	1. The 21st CCLC staff facilitated the activities with **little or no** facilitation support from museum staff.
	2. The 21st CCLC staff facilitated the activities with **some** facilitation support from museum staff.
	3. The 21st CCLC and museum staff **co-facilitated** the activities (i.e., 21st CCLC staff and museum staff split facilitation nearly 50/50).
	4. The museum staff facilitated the activities with **some** facilitation support from 21st CCLC staff.
	5. The museum staff facilitated the activities with **little or no** facilitation support from 21st CCLC staff. *(Note: if this answer is selected, skip Q17-Q19.)*

**Section 4: Training by museum/science center partner**

1. How were you trained or taught about the Making activities? Please select all that apply.
	1. I attended a formal group training provided by museum staff with facilitators and staff from other 21st CCLC sites.
	2. I attended a formal one-on-one training provided by museum staff.
	3. I received informal or “on the fly” training from museum staff prior to implementing the Making activities (e.g., an hour or day before implementing the first Making activity).
	4. I did not receive any type of training (formal or informal) on the Making activities prior to implementing them.
2. [If Q9=a, b or c] How much total training did you receive? (select one)
	1. Less than one hour
	2. More than 1 hour but less than 2 hours
	3. More than 2 hours but less than 4 hours
	4. More than 4 hours but less than 8 hours
	5. 8 hours or more

1. [If Q9=a, b or c] How useful was the training you received in preparing you to implement the Making activities with youth?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all useful | Slightly useful | Somewhat useful | Absolutely useful |
| [If Q9=a] Group training |  |  |  |  |
| [If Q9=b] Individual training |  |  |  |  |
| [IF Q9=c] Informal/“On the fly” training |  |  |  |  |

* 1. Please explain your response. (open-ended/comment box)

**Section 5: Making Activities**

1. Please select the response that best reflects how you feel **AFTER** participating in the Making program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree |
| Youth can be creative when engaging in Making activities. |  |  |  |  |
| Making creates an environment that encourages youth to do multiple trials and iterations of a project. |  |  |  |  |
| Youth can successfully engage in learning when participating in Making activities. |  |  |  |  |
| Youth can learn from one another when engaging in Making activities. |  |  |  |  |
| Youth become more confident in their abilities through participating in Making activities.  |  |  |  |  |
| Youth learn skills from participating in Making activities they could apply to other parts of their life. |  |  |  |  |

1. What do you think the participating youth liked most about the activities? (open-ended/comment box)
2. What do you think participating youth liked least about the activities? (open-ended/comment box)
3. What was the most challenging part about the activities for the youth? (open-ended/comment box)
4. What was the most challenging part about facilitating the activities with youth? (open-ended/comment box)

**Section 6: Facilitator outcomes**

1. Please select the answer that best describes how you felt **BEFORE and** **AFTER** participating in the Making program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree |
| **BEFORE THIS MAKING PROGRAM:** |
| I felt confident in my ability to answer youth questions related to Making. |  |  |  |  |
| I felt confident that I could support youth in thinking through their ideas for Making projects. |  |  |  |  |
| I felt confident in my ability to facilitate Making activities with youth ON MY OWN (i.e., without other staff supporting me). |  |  |  |  |
| I felt confident that I could facilitate Making activities with ANOTHER TRAINED FACILITATOR IN THE ROOM. |  |  |  |  |
|  |
| **AFTER THIS MAKING PROGRAM:** |
| I feel confident in my ability to answer youth questions related to Making. |  |  |  |  |
| I feel confident that I can support youth in thinking through their ideas for Making projects. |  |  |  |  |
| I feel confident that I could facilitate Making activities with youth ON MY OWN (i.e., without other staff supporting me). |  |  |  |  |
| I feel confident that I could facilitate Making activities with ANOTHER TRAINED FACILITATOR IN THE ROOM. |  |  |  |  |

1. Please select the answer that best describes how you felt **BEFORE and AFTER** participating in the Making program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree |
| **BEFORE THIS MAKING PROGRAM:** |
| I knew where to go (e.g., online, books, forums, etc.) to find resources to help me *learn the background and history* of Making. |  |  |  |  |
| I knew where to go (e.g., online, books, forums, etc.) to find resources to help me *facilitate* Making activities. |  |  |  |  |
| I knew who I could talk to if I had questions about facilitating Making activities. |  |  |  |  |
|  |
| **AFTER THIS MAKING PROGRAM:** |
| I know where to go (e.g., online, books, forums, etc.) to find resources to help me *learn the background and history* of Making. |  |  |  |  |
| I know where to go (e.g., online, books, forums, etc.) to find resources to help me *facilitate* Making activities. |  |  |  |  |
| I know who I could talk to if I have questions about facilitating Making activities. |  |  |  |  |

1. Please select the response the best reflects how you feel **AFTER** facilitating the Making activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree |
| I enjoyed facilitating the Making activities at my 21st CCLC site. |  |  |  |  |
| I enjoyed working with the youth while facilitating Making activities. |  |  |  |  |
| It would be easy to facilitate Making activities again at my 21st CCLC site. |  |  |  |  |
| I am interested in facilitating Making activities again with my 21st CCLC site. |  |  |  |  |

**Section 7: Closing questions**

1. In your opinion, what is the most important thing the youth at your site gained from being a part of the Making program? (open-ended/comment box)
2. What suggestions do you have for improving the Making program in the future? (open-ended/comment box)

*Thank you for your feedback! Your thoughts and opinions are important to improving the program..*