

NEW DIRECTOR MENTOR PROGRAM

OMB Control Number: 0970-0401

Expiration Date: 5/31/2021

New Director Mentor Program Feedback Survey

Thank you for participating in the National Center on Program Management and Fiscal Operations New Director Mentor Program (NDMP), conducted by the UCLA Anderson School of Management. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary and all feedback will be kept private. To further protect your privacy, please refrain from including personally identifiable information in open-ended responses.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average approximately 7 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.

NDMI Live Learning Event Evaluation

1. Are you participating in this event as a mentor or mentee?

- Mentor
- Mentee

2. What is your primary organizational affiliation?

- Head Start / Early Head Start Grantee without an EHS-Child Care Partnership Grant
- Head Start / Early Head Start Grantee with an EHS-Child Care Partnership Grant
- Other _____

3. What is your primary role within your organization?

- Director
- Assistant Director / Associate Director
- Other _____

4. How many years have you served in this role?

- Less than 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 3 years
- 3 to 5 years
- More than five years

5. Please select your level of agreement with the following statements regarding your mentor/mentee relationship:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know/N A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I had sufficient time to interact with my mentor/mentee. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with my mentor/mentee pairing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am looking forward to interacting with my mentor/mentee. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a clear plan on how I will interact in the future with my mentor/mentee. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe this mentor/mentee relationship will make a positive contribution to my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MENTEE ONLY: I believe my mentor will contribute to my professional growth and development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Please select your overall level of agreement with the following statements regarding the program and the materials made available to you at this event:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know/N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Course objectives clearly stated and met. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Course content was organized, clear and effective. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presenters were knowledgeable of the content areas they were responsible for. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presenters clarified content in response to questions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presentation styles were interactive. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The event will support the success of my mentor/mentee relationship. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Group size was appropriate to support initial relationship development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend this program to other new directors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Overall, how satisfied were you with this program?

- Very satisfied
- Mostly satisfied
- Mostly dissatisfied
- Very dissatisfied

8. What did you like most about the New Director Mentor Program?

9. Do you have any suggestions to improve the program?

10. Do you have any specific concerns related to your mentoring relationship or the work that is to be completed as part of the program?

11. What are you looking forward to the most as a result of participating in this program?

12. Other Comments: