

 *OMB Control Number: 0970-0401*

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**Head Start Management Fellows Program**

**End-of-Program Feedback Survey (for 2020 cohort)**

Thank you for participating in the Head Start Management Fellows (HSMF) Program, 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 *about the HSMF Program* *in its entirety*. 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.

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, we are gathering feedback to improve service delivery. Public reporting burden for this collection of information is estimated to average 7 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Jesse Escobar at the Office of Head Start at Jesse.Escobar@acf.hhs.gov.*

**Overall HSMF Program Evaluation**

Q1. **What is your primary role within your organization?**

* Director
* Assistant Director / Associate Director
* Manager / Coordinator
* Chief Financial Officer
* Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2. **How many years have you served in this role?**

* Less than 1 year
* 1 to 2 years
* 3 to 4 years
* 5 to 9 years
* 10 or more years

Q3. As a result of participating in this program, to what extent do you feel as though you are equipped to do each of the following? If it is too early to tell or if the statement is not applicable to you, please check the appropriate circle.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | To a large extent | To a moderate extent | To a small extent | Not at all  | Too early to tell | NA |
| Create a vision and identify strategies to guide teams and stakeholders towards that vision |  |  |  |  |  |  |
| Articulate your vision in a way that inspires and engages others to action |  |  |  |  |  |  |
| Think strategically |  |  |  |  |  |  |
| Utilize the tools and frameworks learned to *enhance personal performance* |  |  |  |  |  |  |
| Utilize the tools and frameworks learned to *solve business problems*  |  |  |  |  |  |  |
| Analyze and/or manage data more effectively |  |  |  |  |  |  |
| Foster communication between management and fiscal staff |  |  |  |  |  |  |
| Navigate a shifting early education landscape |  |  |  |  |  |  |
| Lead and motivate teams |  |  |  |  |  |  |
| Adapt leadership styles to build commitment to goals |  |  |  |  |  |  |
| Create alliances, partnerships, and networks |  |  |  |  |  |  |
| Problem solve and manage conflicts |  |  |  |  |  |  |
| Other: Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

Q4. Please indicate the extent to which you have changed as a result of participating in the UCLA Head Start Management Fellows (HSMF) Program. If it is too early to tell or if the statement is not applicable to you, please check the appropriate circle.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | To a large extent | To a moderate extent | To a small extent | Not at all  | Too early to tell | NA |
| I have learned about different approaches to leadership |  |  |  |  |  |  |
| I enhanced my knowledge of issues facing Head Start organizations |  |  |  |  |  |  |
| I developed useful leadership skills |  |  |  |  |  |  |
| I have broadened my access to a network of leaders and resources within Head Start |  |  |  |  |  |  |
| I am more confident in my ability as a Head Start director/manager |  |  |  |  |  |  |
| Other: Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

**Q5. I was satisfied with the overall quality of the Head Start Management Fellows (HSMF) Program?**

* Strongly Agree
* Agree
* Neither Agree or Disagree
* Disagree
* Strongly Disagree

**Q6. What about the training detracted from your satisfaction?** *[Reviewer’s note: this question will only be displayed if respondents either disagree or strongly disagree with Q5].*

**Q7. Would you recommend the program to other Head Start directors and managers?**

* Yes
* Yes, with reservations
* No

**Q8. As a result of participating in the UCLA Head Start Management Fellows (HSMF) Program, what impact do you think your leadership will have on your organization? What are the key takeaways from the HSMF Program that you will apply to the organizations and/or programs that you work with?**

**Q9. In considering your experience with the HSMFP, please describe which parts of the program could be improved for future cohorts?**

**Q10. Any last comments?**