

Regional Educational Laboratories Stakeholder Feedback Survey – Parents

Training, Coaching, and Dissemination Events

Please take a few minutes to provide feedback based on your experience participating in the training or coaching event or webinar provided by Regional Educational Laboratory (REL) **<Insert Region Name>** on **<Topic>**. Your responses are voluntary and will be aggregated to inform future REL activities. Your responses may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Education Sciences Reform Act of 2002 [ESRA 2002] [Section 9573, 20 U.S. Code]).

Activity Title: **<insert activity title>**

Survey Completion Date: _____

Based on the information and support received through this activity, please indicate the extent to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I will use the activities I learned about today at home.				
2. I like the activities I learned about today.				
3. I will share information about the resources I learned about today with others.				
4. I feel more comfortable helping my child learn to read at home now that I know about these resources.				

Open-ended items

5. What aspects of the webinar were most helpful and why?

6. What aspects of the webinar were least helpful?

7. How would you suggest improving the webinar provided by the REL?

Respondent Information

A. Which of the following best describes you? (Choose all that apply.)

School Level

- Teacher/Educator
- Principal/Vice-Principal
- Instructional coach
- Other school-level administrator
- Librarian

Local Education Agency

- School board member
- School district central office staff - research office
- School district central office staff - program office
- School superintendent/Assistant superintendent

State Education Agency

- State-level education administrator
- State-level advisor or board member
- Other state-level staff (please specify): _____

State Government

- State legislator or legislative staff member

Tribal Government

- Council member
- Tribal member
- Education specialist
- Other tribal government staff (please specify): _____

Other

- Parent of a preschool student
- Parent of a kindergarten student
- Parent of a grade 1 student
- Parent of a grade 2 student
- Parent of a grade 3 student
- Parent of a grade 4-12 student
- Adult Education staff
- Community Organization staff
- Higher Education/Postsecondary staff
- Other (please specify): _____

Options for Pacific Region only

- National-level education administrator
- National-level education central office staff
- State-level education administrator
- State-level education central office staff

B. In which State/Territory/Jurisdiction do you live?

Thank you for your feedback.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1880-0542**. The time required to complete this information collection is estimated to average **15 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Janelle Sands, Institute of Education Sciences, U.S. Department of Education, 550 12th Street, SW, Room 4113, Washington, D.C. 20202; Janelle.Sands@ed.gov.