Appendix F: Customer Satisfaction Survey

This appendix provides draft items for the SEA and LEA partnership member Customer Satisfaction Survey. Text in [*italics*] provides instructions for programming that the respondent will not see.

Please take a few minutes to provide feedback about your experience with Regional Educational Laboratory (REL) [*insert region name*] since the beginning of the 2019-2020 school year. RELs design and deliver training, coaching, and technical supports to help stakeholders create, access, interpret, or apply research evidence in their work. This survey asks about your experiences with REL training and coaching supports, as well as your perspectives on how helpful they are.

This survey is being conducted by an external organization, Abt Associates, to help the U.S. Department of Education improve capacity building supports offered by the Regional Educational Laboratories. It may appear similar to a REL Stakeholder Feedback Survey you might have completed in the past year, but the questions are different and focus more deeply on ways REL capacity building services have influenced your everyday work. The valid OMB control number for this information collection is 1880-0542.

This survey will take approximately 10 minutes. Your responses are voluntary and will be aggregated to inform future REL supports and activities.

1. Which of the following REL [region name] training or coaching activities have you participated in since the beginning of the 2019-2020 school year?

   Check all that apply.

   ☐ [Name of EBP-focused training or coaching activity #1, Month Year]
   ☐ [Name of EBP-focused training or coaching activity #2, Month Year]
   …..
   ☐ [Name of **non**-EBP-focused training or coaching activity #1, Month Year]
   ☐ [Name of **non**-EBP-focused training or coaching activity #2, Month Year]
   …..
   ☐ None of the above [*Note: If a respondent selects "none of the above," they will be directed to a thank-you page and the survey will close out.*]

   Each REL partnership will have a unique survey that includes the names and dates (month and year) of the training and coaching activities held between September 2019 and November 2020.

2. Based on the REL training or coaching activities that you attended, please select the event from the list below that you were able to use the **most** information or resources from to inform your work.

   Note, you will be asked to keep this training in mind as you answer the next several questions in this survey.

   ☐ I have not been able to use information/resources from any of the events to inform my work.
   ☐ [Name of EBP-focused training or coaching activity #1, Month Year]
   ☐ [Name of EBP-focused training or coaching activity #2, Month Year]
   ☐ [Name of EBP-focused training or coaching activity #3, Month Year]
   ☐ [Name of EBP-focused training or coaching activity #..., Month Year]
   ☐ [Name of **non**-EBP-focused training or coaching activity #1, Month Year]
   ☐ [Name of **non**-EBP-focused training or coaching activity #2, Month Year]

   Note: The name of each training the respondent selected in Question 1 will appear here. Per feedback from the REL team, we will group multi-part sessions/modules/series together so respondents do not feel like they need to choose a single session within a series. If a respondent selects the first response option ("I have not been able…"), they will advance to Question 11 in the survey.

3. Below is a list of features that can help participants use the information or resources they receive during training or coaching activities. Please select up to **three (3)** features that you think were **most beneficial** in helping you use the information or resources that you received during the training or coaching offered through **[***insert name of activity selected in Question #2]***
   ☐ The trainer's knowledge of the subject
   ☐ The trainer's ability to convey the material clearly
   ☐ The materials and handouts given to participants
   ☐ Asking questions and volunteering answers based on my own experiences
   ☐ Participant (including myself) interaction <u>with the trainer</u>
   ☐ Interaction among participants
   ☐ Participating in a collaborative activity or exercise
   ☐ Observing demonstrations or modeling of specific skills or activities
   ☐ Engaging in strategic planning to apply lessons to my own agency/organization/school
   ☐ Follow-up training or coaching that was offered by the REL
   ☐ As-needed support from the REL to adopt or apply the information / skills learned in the training or coaching
   ☐ Other: Please specify: _____

   These questions will help us hone in on what aspects of the respondent's selected activity (indicated in Question 2) may have been most helpful.

4. How prepared do you feel to **teach others** how to **apply** the information or resources from the [*insert name of activity selected in Question #2*] training or coaching to others within your workplace?
   - ☐ Very prepared
   - ☐ Moderately prepared
   - ☐ Somewhat prepared
   - ☐ Not prepared
   - ☐ Not applicable – I am not in a position to teach others in my workplace.

5. [*If the respondent selects b, c, or d for Question 4, ask:*] What additional supports from the REL would help you feel more prepared to **teach others** how to apply the information or resources from the [*insert name of activity selected in Question 23*] training or coaching you participated in? (Check all that apply)
   - ☐ Additional time during the training to learn the material
   - ☐ Additional time during the training to practice lessons learned
   - ☐ Additional time during the training to discuss how to convey the material to others
   - ☐ Additional training or coaching sessions after the initial training or coaching
   - ☐ Additional follow-up materials or resources after the initial training or coaching
   - ☐ Other (please specify):

6. Have you used the information or resources presented in the [*insert name of activity selected in Question #2*] training or coaching to **adopt a new evidence-based practice/policy (or support the adoption of a new evidence-based practice/policy)**?
   - ☐ Yes, I have done so
   - ☐ I am in the process of doing so
   - ☐ I am making plans to do so
   - ☐ No, and I do not have plans to do so
   - ☐ Not Applicable - I am not in a position to adopt a new evidence-based practice/policy (or to support the adoption of one)

7. Have you used the information or resources presented in the [*insert name of activity selected in Question #2*] training or coaching to **modify a current practice/policy (or support the modification of a current practice/policy)?**
   - ☐ Yes, I have done so
   - ☐ I am in the process of doing so
   - ☐ I am making plans to do so
   - ☐ No, and I do not have plans to do so
   - ☐ Not Applicable - I am not in a position to modify a current practice / policy (or support the modification of one)

8. Have you used the information or resources presented in the [*insert name of activity selected in Question #2*] training or coaching to support the **continued expansion or scale up a current practice/policy?**
   - ☐ Yes, I have done so

- ☐ I am in the process of doing so
- ☐ I am making plans to do so
- ☐ No, and I do not have plans to do so
- ☐ Not Applicable - I am not in a position to support the continued expansion or scale up a current practice/policy.

9. What additional information needs to be conveyed by REL trainers in order for you to feel more confident you can **implement lessons** learned from the training or coaching? (*Check all that apply*)
   - ☐ How to access relevant resources in my agency/organization/school
   - ☐ How to build support within the agency/organization/school for a change in practice
   - ☐ How to plan the initial startup of the practice change (e.g., internal training, deciding who needs to be involved)
   - ☐ How to identify resource needs to support implementation
   - ☐ How to support the implementation of the practice
   - ☐ How to connect with other agencies/schools/organizations to learn how they have implemented similar content from the training or coaching

10. *For respondents who selected any of the events listed in Question 2 (as opposed to the "I have not been able to use…" option):* To what extent did the [*insert name of activity selected in Question #2*] training or coaching **improve your ability** to do the following:

	To a great extent	To a moderate extent	A little	Not at all	Not applicable to the training or coaching
a. Find research					
b. Understand or interpret research findings					
c. Explain research findings					
d. Use research findings to support a policy change					
e. Use research findings to support a change in practice					
f. Use research findings to develop a toolkit					
g. Collect new data					
h. Analyze existing data					
i. Conduct research					

j. Disseminate information to stakeholders					

Note: Respondents who answered Question 10 will advance to Question 12 <u>if they selected an event with a Practice Guide in Question 1</u>. Otherwise, they will advance to Question 14.

11. *For respondents who selected "I have not been able to use information/resources from any of the events listed" in Question 2:*
    a. Overall, to what extent did the REL training or coaching you participated in since the start of the 2019 – 2020 school year **improve your ability** to do the following:

	To a great extent	To a moderate extent	A little	Not at all	Not applicable to the training or coaching
a. Find research					
b. Understand or interpret research findings					
c. Explain research findings					
d. Use research findings to support a policy change					
e. Use research findings to support a change in practice					
f. Use research findings to develop a toolkit					
g. Collect new data					
h. Analyze existing data					
i. Conduct research					
j. Disseminate information to stakeholders					

    b. Below is a list of possible explanations for why you have not used the information or resources presented in the REL training or coaching activities you attended. Which of these explain why you have not used the information presented in the REL training or coaching activities? (*Check all that apply):*

☐ I do not have the authority to implement policies or practices that were shared in the training or coaching activities
☐ I do not have enough time to use the information or resources
☐ I do not have funding to use the information or resources
☐ The information or resources did not align with the needs of my agency/organization/school
☐ The information or resources were not appropriate for the context of my agency/organization/school
☐ The training or coaching activity did not include specific information about how to use the information or resources in my day-to-day work
☐ I have questions about how to use the information or resources, but do not know how to get answers to my questions
☐ Other: Please specify: _____

Note: Respondents who answered Questions 11a and 11b will advance to Question 12 if they selected an event with a Practice Guide in Question 1. Otherwise, they will advance to Question 14.

Practice Guides

[*This text will only appear if the respondent indicated they attended one of the events in Question 1 that featured a Practice Guide*] We are interested in your specific feedback on REL training or coaching that featured Practice Guides.

12. [*If a respondent attended the **first** TCTS event that included a Practice Guide, as listed in Question 1, this question will appear*]

    a. Have you implemented – or supported implementation of – any of the recommendations featured in the Practice Guide?
        ☐ Yes (*If "Yes", continue to 12b*)
        ☐ No (*If "No", continue to 12c*)
        ☐ I do not remember (*If "I do not remember", continue to 12e*)

    b. If 'Yes': Please briefly describe which recommendation(s) you have implemented or supported implementation of:

        [*open-ended response*] *Note: respondent will be directed to item 12d after answering this question.*

    c. If 'No': Please briefly explain why you have not implemented or supported implementation of any of the recommendations in the Practice Guide:

        [*open-ended response*] *Note: respondent will be directed to item 12e after answering this question.*

d. Please rate **how helpful** the [enter name of **first** TCTS event featuring a Practice Guide] training or coaching activity was at helping you implement – or support implementation of – the practices in the Practice Guide.
   - ☐ Very helpful
   - ☐ Moderately helpful
   - ☐ Somewhat helpful
   - ☐ Not helpful

e. [*If the respondent did **not** select "very helpful" in item d or if the respondent was advanced from item 12a or 12c]:* How could the [enter name of **first** TCTS event featuring a Practice Guide] training or coaching activity be **improved** to better help you implement or support implementation of the practices in the Practice Guide (check all that apply)
   - ☐ The training could better explain the recommendations in the Practice Guide
   - ☐ The training could better explain other material in the Practice Guide (e.g., how to implement the recommendations, potential challenges and possible solutions, tools and checklists)
   - ☐ The training could include more time to discuss how the Practice Guide recommendations could be adopted in my organization/setting
   - ☐ The training could include more real-life examples of how the Practice Guide recommendations have been implemented
   - ☐ The training could better explain the resources needed to implement the Practice Guide recommendations
   - ☐ N/A – The Practice Guide is not relevant to my agency/organization/school
   - ☐ Other: Please specify: _____

13. [*If a respondent attended the **second** TCTS event that included a Practice Guide, as listed in Question 1, this question will appear]*
   a. Have you implemented – or supported implementation of – any of the recommendations featured in the Practice Guide?
      - ☐ Yes (*If "Yes", continue to 13b*)
      - ☐ No (*If "No", continue to 13c*)
      - ☐ I do not remember (*If "I do not remember", continue to 13e*)

   b. If 'Yes': Please briefly describe which recommendation(s) you have implemented or supported implementation of:

      [*open-ended response*] *Note: respondent will be directed to item 13d after answering this question.*

   c. If 'No': Please briefly explain why you have not implemented or supported implementation of any of the recommendations in the Practice Guide:

[*open-ended response*] *Note: respondent will be directed to item 13e after answering this question.*

d. Please rate **how helpful** the [enter name of **second** TCTS event featuring a Practice Guide] training or coaching activity was at helping you implement – or support implementation of – the practices in the Practice Guide.
   - ☐ Very helpful
   - ☐ Moderately helpful
   - ☐ Somewhat helpful
   - ☐ Not helpful

e. [*If the respondent did **not** select "very helpful" in item d or if the respondent was advanced from item 13a or 13c]:* How could the [enter name of **second** TCTS event featuring a Practice Guide] training or coaching activity be **improved** to better help you implement or support implementation of the practices in the Practice Guide (check all that apply)
   - ☐ The training could better explain the recommendations in the Practice Guide
   - ☐ The training could better explain other material in the Practice Guide (e.g., how to implement the recommendations, potential challenges and possible solutions, tools and checklists)
   - ☐ The training could include more time to discuss how the Practice Guide recommendations could be adopted in my organization/setting
   - ☐ The training could include more real-life examples of how the Practice Guide recommendations have been implemented
   - ☐ The training could better explain the resources needed to implement the Practice Guide recommendations
   - ☐ N/A – The Practice Guide is not relevant to my agency/organization/school
   - ☐ Other: Please specify: _____

14. Please provide details about where you work.

   a. Which of the following describes your primary place of employment?
      - ☐ School building
      - ☐ Local Education Agency (LEA) office
      - ☐ State Education Agency (SEA) office
      - ☐ State government office
      - ☐ Tribal government office
      - ☐ Other: Please specify: _____

   Depending on the answer to item 14a, respondents will be asked to describe their primary occupation.

b. Which of the following best describes your primary occupation? (Choose all that apply.)

If the respondent selected "School building" for 14a:
- ☐ Teacher/Educator
- ☐ Principal/Vice-Principal
- ☐ Instructional coach
- ☐ Other school-level administrator
- ☐ Librarian

If the respondent selected "LEA office" for 14a:
- ☐ School board member
- ☐ School district central office staff – research office
- ☐ School district central office staff – program office
- ☐ School superintendent/Assistant superintendent
- ☐ Other district-level staff (Please specify): ___

If the respondent selected "SEA office" for 14a:
- ☐ State-level education administrator
- ☐ State-level advisor or board member
- ☐ Other state-level staff (please specify): _____

If the respondent selected "State government office" for 14a:
- ☐ State legislator or legislative staff member
- ☐ Other: Please specify: _____

If the respondent selected "Tribal government office" for 14a:
- ☐ Council member
- ☐ Tribal member
- ☐ Education specialist
- ☐ Other tribal government staff (please specify): _____

If the respondent selected "Other" for 14a:
- ☐ 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

c. In which State/Territory/Jurisdiction is your work based?

_____

Thank you for your time completing this survey.

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