



## NATIONAL CENTER ON Program Management and Fiscal Operations

OMB Control Number: 0970-0401  
Expiration Date: 5/31/2021

Thank you for participating in the *[insert name of the Regional Leadership Initiative midpoint event]*. To help ensure the quality of our services, we ask that you complete the following feedback survey. **This survey is comprised of two sections. The first section asks about your experience with the *[insert name of the Regional Leadership Initiative midpoint event]*, and the second section asks about your overall experience with the Regional Leadership Initiative thus far.**

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.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit".

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

*Public reporting burden for this collection of information is estimated to average approximately 12 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.*

## Event-Specific Feedback

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**Q1. 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
- Federal / Regional Office
- Regional Training / Technical Assistance Network
- Other \_\_\_\_\_

**Q2. What is your primary role within your organization?**

- Director
- Assistant Director / Associate Director
- CFO
- Board of Directors / Tribal Council
- Manager / Coordinator
- Family Advocate / Family Services
- Policy Council
- Fiscal/Accounting Staff
- Federal / Regional Office Staff (specify title) \_\_\_\_\_
- Regional Training / Technical Assistance Network Staff (specify title)  
\_\_\_\_\_
- Other \_\_\_\_\_

**Q3. How many years have you served in this role?**

- Less than 1 year
- 1 to 4 years
- 5 to 9 years
- 10 or more years

**For this section of the survey, please provide feedback on the *[insert event name]*.**

**Q4. Please select your level of agreement with the following statements about the *[insert event name]*:**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
The training deepened my knowledge of the topics presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content of the training was relevant to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training provided me with knowledge of available resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned something during this training that I plan to use in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to share the information received during the training with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information presented was respectful, non-judgmental, and supportive of diverse populations (i.e., free from stereotypes or bias).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q5. Please let us know whether you found the content presented during the training to be too simple, too advanced, or just about right.**

- Far too advanced
- A bit too advanced
- About right
- A bit too simple
- Far too simple

**Q6. Before the *[insert event name]*, my knowledge of the content/topics addressed can be best described as...**

- No knowledge
- Minimal knowledge
- Moderate knowledge
- A high level of knowledge

**Q7. After the [insert event name], my knowledge of the content/topics addressed can be best described as...**

- No knowledge
- Minimal knowledge
- Moderate knowledge
- A high level of knowledge

**Q8. Please select your level of agreement with the following statements about the [insert event name]'s presenters and materials:**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
The presenter(s) were knowledgeable in the content area(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The presenter(s) were responsive to participants' questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The presenter(s) were effective in engaging participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I found the presentation materials easy to read and understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The resources provided during the training were relevant and useful for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter(s) conveyed important constructs effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*\* Two of these four items will be randomly chosen for each participant using our survey program's random question generator. Items will be randomized to allow for tracking against baseline.*

**Q9. I was satisfied with the overall quality of the [insert event name].**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**Q10. [For those who disagree or strongly disagree] What about the [insert event name] detracted from your satisfaction?**

## Overall Experience with Leadership Initiative

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For the remaining questions, please think about all of the events offered as part of the Regional Leadership Initiative thus far. This includes the *[insert names and dates of events]*.

Please be assured that your responses are *private*. Candid responses to these questions are very important to our efforts for program improvement and for reporting outcomes about PMFO at the initiative-level.

**Q11. Please indicate the extent to which you have changed as a result of participating in the Regional Leadership Initiative. If it is too early to tell, or the change listed does not apply to you, please check the appropriate box.**

	To a large extent	To a moderate extent	To a small extent	Not at all	Too early to tell	NA
I have become more conscious of how I apply my leadership skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I developed useful leadership skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become a more effective leader in my organization and/or for the Head Start organizations that I serve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become more involved in a larger number of leadership roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more effective at data management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more confident in my ability to serve in leadership roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become more skilled at strategic planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have developed a better understanding of quality improvement practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12. Please think about all of the events offered as part of the Regional Leadership Initiative and indicate your level of agreement with the following statements. If it is too early to tell or the change listed does not apply to you, please check the appropriate box.**

Since the beginning of the Leadership Initiative....	Strongly agree	Agree	Disagree	Strongly disagree	Too early to tell	NA
I have used my leadership skills to positively impact my organization and/or the organization(s) that I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly talk to people about leadership within my organization and/or the organizations that I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively assist the people that I work with to become more effective leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively involve my staff in the strategic planning process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used the networks built through the Leadership Initiative to help someone else find the resource or service they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13a. Please indicate the extent to which you have improved the following practices as a result of participating in the Regional Leadership Initiative. If it is too early to tell or the change listed does not apply to you, please check the appropriate box.**

	To a large extent	To a moderate extent	To a small extent	Not at all	Too early to tell
Model the Way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspire a Shared Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Challenge the Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enable Others to Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage the Heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13b. Please provide one specific example of how you have applied these practices in your work.**

**Q14. As a result of my participation in the Regional Leadership Initiative thus far, I have become more skilled at... (Choose all that apply):**

- Developing a strategic plan
- Involving staff in the development of a shared vision
- Empowering staff to become involved in the improvement process
- Analyzing and/or managing data
- Sharing information and resources with organizations/programs that I work with
- Fostering communication between management and fiscal staff
- Other (please specify) \_\_\_\_\_
- It is still too early for me to have changed my practice(s).

**Q15. Please give one specific example of how your participation in the Regional Leadership Initiative (including the mentoring component, if appropriate) has had an impact on your Head Start organization or the Head Start organizations/programs that you work with. Be sure to give enough detail so we can understand the impact that you are having. If it is too early for such an impact, please say so.**

*Reviewer's Note: Questions 16-21 may be used to ask for feedback regarding customized components of the Regional Leadership Initiative. These questions will only be added to regional surveys as appropriate—not all of these questions will be added for a given survey.*

**Q16. To what extent do you feel like you have progressed towards your Leadership Goal?**

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- Too early to tell
- Not applicable

**Q17. For future trainings of the Regional Leadership Initiative, what do you think would be helpful to include in these trainings? What topics of discussion would you like to see?**

**Q18. If PMFO were to offer another Regional Leadership Initiative training series next year, please describe which parts of the initiative could be improved for future cohorts.**

**Q19. Within the Regional Leadership Initiative, are you a mentor or a mentee?**

- Mentor
- Mentee

**Q20. Please select your level of agreement with the following statements about the relationship you have with your mentor.**

	Strongly agree	Agree	Disagree	Strongly disagree	Too early to tell	NA
My mentor is available when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor's expertise is valuable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my relationship with my mentor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor and I have established clearly defined goals for my professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor has helped me address leadership issues within my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q21. Considering the relationship you have with your mentor, please describe what is working well, and what could be improved. Please provide one example for each, if appropriate.**