



## 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 final event of the Regional Leadership Initiative]*. 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 final event of the Regional Leadership Initiative]*, and the second section asks about your overall experience with the Regional Leadership Initiative.**

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
- Child care program (non-Head Start)
- 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

**Q4. Did you attend the *[insert name of last event]*, that took place on *[insert date]*.**

- Yes
- No

*[Respondents that select “no” will skip the remaining event-specific questions and will go to the Overall Experience with Leadership Initiative section.]*

**For the remaining questions, please think about the entire event, the *[insert event name]* overall.**

**Q5. Please select your level of agreement with the following statements about the *[insert event name]* event:**

	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"/>

**Q6. Please let us know whether you found the content presented in this 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

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

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

**Q8. After the *[insert event name]* event, my knowledge of the content/topics addressed can be best described as...**

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

**Q9. Please select your level of agreement with the following statements about the training'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.*

**Q10. I was satisfied with the overall quality of the the [insert event name] event.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**Q11. [For those who disagree or strongly disagree] What about the training detracted from your satisfaction?**

## Overall Experience with Leadership Initiative

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For the remaining questions, please think about the Regional Leadership Initiative events that you have participated in.

Beforehand, however, please check all of the events within this series that you have attended.

- <<insert event name>> <<date>>
- <<insert event name>> <<date>>
- <<insert event name>> <<date>>
- <<insert event name>> <<date>>
- <<insert event name>> <<date>>

**Q12. 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 learned about different approaches to leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enhanced my knowledge of issues facing Head Start organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I incorporate concepts I learned during the Leadership Initiative in my work.	<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 broadened my access to a network of leaders and resources within Head Start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13. Please indicate the extent to which you have changed as a result of participating in the Regional Leadership Initiative (continued).**

	To a large extent	To a moderate extent	To a small extent	Not at all	Too early to tell	NA
I am better able to inspire a shared vision in my leadership roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a mentor for one or more other leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My leadership activities have benefitted others in Head Start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I seek out opportunities to share what I have learned through this initiative with other leaders in the early education community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My participation in this initiative helped me to become a more effective leader for the Head Start program(s) that I serve.	<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 navigate a shifting early education landscape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q14. Please share how your leadership practices and behaviors have changed as a result of taking part in the Regional Leadership Initiative. Be sure to provide two or three specific examples of these changes. If your leadership practices have not changed, please elaborate.**

**Q15. What impact do you think your leadership has had since you began participating in the Regional Leadership Initiative? This impact could be at any level; on organizations, communities, families, children, etc.**

**Q16. As a result of your participation in the Regional Leadership Initiative, how has your leadership lead to a transfer of skills, knowledge, or networks to other people in your organization(s) and community? If there was no such transfer, please say so.**

*Reviewer's Note: Questions 17-19 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.*

**Q17. What is the most beneficial change you identify in yourself as a result of the mentor-mentee relationship?**

**Q18. What is something you plan to do more as a result of the mentor-mentee relationship? Please list two examples.**

**Q19. PMFO is always striving to provide quality services. If you have not attended all of the events offered as part of the Regional Leadership Initiative, please let us know what interfered with your ability to attend. The information you provide is very important to improving the initiative for future cohorts.**