

## Tailored TA Survey

Your thoughts and suggestions are important for improving the PDG B-5 TA Center services. Your individual responses will be kept private. Only aggregate information will be shared. This survey should take you about 5 minutes to complete. **Thank you for taking the time to complete this feedback form!**

1. In the last four months, how often and how much did you participate in the PDG B-5 TA calls with your state?

- I was very involved (e.g., attended most or all calls)
- I was somewhat involved (e.g., attended more than half of the calls)
- I was minimally involved (e.g. attended fewer than half of the calls)
- I did not participate [Skip to end]

2. What is your role in your state's PDG B-5 grant?

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3. Rate the quality of the information (and resources, if applicable) provided to your state.

- Excellent
- Good
- Poor
- Very poor

4. Rate the relevance of the information (and resources, if applicable) provided to your state.

- Very relevant
- Relevant
- Not relevant
- Not relevant at all

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather feedback from participants of Tailored TA. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. 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. The OMB # for this collection is 0970-0401 and the expiration date is 05/31/2021. If you have any comments on this collection of information, please contact Paula Bendl Smith (Paula.Smith@ACF.hhs.gov).

5. Rate the usefulness of the information (and resources, if applicable) provided to your state.

- Very useful
- Useful
- Not useful
- Not at all useful

6. Indicate whether you agree or disagree with the following statements.

*6a. The TA provider(s) supported my active participation in TA for my state.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

*6b. The TA provider(s) was/were readily available to address my state's TA needs.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

*6c. The TA provider(s) communicated openly, regularly, and consistently.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

*6d. Information sharing and discussions were free from bias and inclusive of diverse and historically underrepresented groups.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**We appreciate any additional comments or suggestions for improvement. If you do not want to provide additional feedback, click "Next" and submit your responses.**

7. Are there any aspects of the TA that were particularly useful? If so, please describe.

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8. Are there any aspects of the TA that can be improved? If so, please describe.

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9. Do you have any additional comments or suggestions?

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