PDG B-5 TA Center Community of Practice and Workgroup Survey

Thank you for being a member of [Community of Practice/workgroup title]. Your thoughts and suggestions are important for improving [Communities of Practice/Workgroup]. 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. Did you participate* in the [CoP/Workgroup Name] on the MyPeers platform at any time between [date range]?

   ☐ Yes
   ☐ No [If no, skip to end]

   *Participation includes any level of interaction, including reading or uploading files, reading suggested materials, reading or contributing to posts or chats, and/or participating in virtual events.

2. Your role *(select one)*

   ☐ State staff
   ☐ Partner organization supporting state work
   ☐ Federal Program Officer
   ☐ PDG B-5 Center TA provider or staff
   ☐ Other:
      Please specify your role:

   _____

3. Select your state:

   [Select from list of U.S. states and territories]

4. Indicate how you have participated in the [CoP/Workgroup Name] since [date CoP/workgroup began or last feedback survey for this CoP/workgroup]? *Select all that apply.*

☐ Read files or uploaded files
☐ Read materials suggested or provided
☐ Read posts or contributed to posts
☐ Read chats or participated in chats
☐ Participated in at least one virtual call
☐ Participated in another way
Specify: _____

5. Rate the quality of the information and resources provided in [CoP/Workgroup name].

☐ Excellent
☐ Good
☐ Poor
☐ Very poor

6. Rate the relevance of the information and resources to your state provided in the [CoP/Workgroup name]

☐ Very relevant
☐ Somewhat relevant
☐ Not relevant
☐ Not relevant at all

7. Rate the usefulness of the information and resources provided in the [CoP/Workgroup name].

☐ Very relevant
☐ Somewhat relevant
☐ Not relevant
☐ Not relevant at all

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

8a. I had ample opportunities to comment and ask questions.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

8b. I built or strengthened relationships with other colleagues from other states as a result of participating in this [CoP/workgroup].

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

8c. The [CoP/workgroup] provided enough opportunities to connect with my peers,

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

8d. Discussions were free from bias and inclusive of diverse and historically underrepresented groups

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Achievement of Intended Outcomes of [CoP/Workgroup name]

9. Indicate whether you agree or disagree with the following statements: *As a result of participating in the [CoP/Workgroup name] ...*

   9a. [Intended Outcome #1…n].

   ☐ Strongly Agree
   ☐ Agree
   ☐ Disagree
   ☐ Strongly Disagree

9b. [*Intended outcome 2*]

   ☐ 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.

10. Were there any aspects of the [CoP/Workgroup name] that were particularly useful? If so, please describe.

_____

11. Were there any aspects of the [CoP/Workgroup name] that could have been improved? If so, please describe.

_____

12. Do you have any other comments or suggestions?

_____