

# CDC Evaluation Fellowship Program: Alumni Survey



## Instructions

Please complete this survey describing your experiences as a CDC Evaluation Fellow and your subsequent job experiences. Your responses are confidential and no information that can link you personally to your responses will be shared with the CDC's Program Performance and Evaluation Office.

1. In what year did you start your Evaluation Fellowship?

*Mark only one oval.*

- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1163).

## 2. Where was your placement?

*Mark only one oval.*

- Center for Global Health
- Center for Surveillance, Epidemiology, and Laboratory Services
- Center for Preparedness and Response (formerly OPHPR)
- Center for State, Local, and Tribal Support (formerly OSTLTS)
- National Center on Birth Defects and Developmental Disabilities
- National Center for Chronic Disease Prevention & Health Promotion
- National Center for Environmental Health
- National Center for Injury Prevention & Control
- National Center for Immunization & Respiratory Disease
- National Center for Emerging & Zoonotic Infectious Diseases
- National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
- Office of the Director
- Other: \_\_\_\_\_

**Placement Experience**

Please rate your experience with your placement(s) during the time you were an Evaluation Fellow. If you had more than one placement, answer these next questions about your first placement.

## 3. Within my Host program, I received the mentorship I needed on evaluation. (mark one circle)

*Mark only one oval.*

|                   |                       |                       |                       |                       |                       |                       |                       |                |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|                   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                |
| Strongly Disagree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly Agree |

4. Overall, I had a good experience with my Host program (mark one circle)

Mark only one oval.

|                   |                       |                       |                       |                       |                       |                       |                       |                |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|                   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                |
| Strongly Disagree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly Agree |

5. Overall, I had a good working relationship with my Mentor(s). (mark one circle)

Mark only one oval.

|                   |                       |                       |                       |                       |                       |                       |                       |                |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|                   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                |
| Strongly Disagree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly Agree |

6. I had more than one Host Program placement. (mark one circle)

Mark only one oval.

Yes

No    Skip to question 9

**Second Placement Experience**

Please rate your experience with your second placement(s) during the time you were an Evaluation Fellow.

7. Within my second Host program, I received the mentorship I needed on evaluation. (mark one circle)

Mark only one oval.

|                   |                       |                       |                       |                       |                       |                       |                       |                |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|                   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                |
| Strongly Disagree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly Agree |

8. Overall, within my second Host program I had a good working relationship with my Mentor(s). (mark one circle)

*Mark only one oval.*

|                   |                       |                       |                       |                       |                       |                       |                       |                |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
|                   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |                |
| Strongly Disagree | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Strongly Agree |

Overall  
Perceptions of  
PPEO.

Please rate your overall perceptions of the Program Performance & Evaluation Office (PPEO), which runs the Evaluation Fellowship Program.

9. I received the support I needed from PPEO staff..

*Mark only one oval.*

- 1 Strongly Disagree
- 2
- 3
- 4 Neutral
- 5
- 6
- 7 Strongly Agree

10. PPEO staff supported me in my second year with options regarding post-Fellowship positions or job options.

*Mark only one oval.*

- 1 Strongly Disagree
- 2
- 3
- 4 Neutral
- 5
- 6
- 7 Strongly Agree
- Not Applicable

11. Participating in the Evaluation Fellowship Program helped me OBTAIN my first post-Fellowship position/job.

*Mark only one oval.*

- 1 Strongly Disagree
- 2
- 3
- 4 Neutral
- 5
- 6
- 7 Strongly Agree

12. Participating in the Evaluation Fellowship Program helped/is helping me effectively PERFORM my first post-Fellowship position/job.

*Mark only one oval.*

- 1 Strongly Disagree
- 2
- 3
- 4 Neutral
- 5
- 6
- 7 Strongly Agree

13. I would recommend the Evaluation Fellowship Program to others interested in an evaluation training experience.

*Mark only one oval.*

- 1 Strongly Disagree
- 2
- 3
- 4 Neutral
- 5
- 6
- 7 Strongly Agree

14. Please share any other comments about your experience with the Host Program.

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15. Please share any other comments about your experience with PPEO.

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Work  
experience

Please respond to the following questions about your FIRST position/job upon completing the Evaluation Fellowship. If you have moved to other positions/jobs, we will follow up with a few questions about your current position.

16. How would you describe your FIRST post-Fellowship position/job? (mark one circle)

*Mark only one oval.*

- CDC FTE/Title 5
- CDC FTE/Title 42 (Associate or Senior Service Fellow)
- CDC Another fellowship
- Another Federal agency
- Non-profit organization/company (community-based organization, 501(c)(3), etc.)
- For-profit organization/ company (consulting or contracting firm, insurance agency, etc.)
- University as an employee (faculty, staff)
- University as a student
- State, tribal, local, or territorial governmental agency like a public health department
- Still working out employment options
- Other: \_\_\_\_\_

17. How much of your FIRST post-Fellowship position or training was related to evaluation? (mark one circle)

*Mark only one oval.*

- None
- Some
- Most
- All
- Don't Know

18. Are you still in your FIRST post-Fellowship position/job? (mark one circle)

*Mark only one oval.*

- Yes     *Skip to question 21*
- No

These items are regarding your CURRENT work situation.



19. How would you describe your CURRENT work situation? (mark one circle)

*Mark only one oval.*

- CDC FTE/Title 5
- CDC FTE/Title 42 (Associate or Senior Service Fellow)
- CDC Another fellowship
- Another Federal agency
- Non-profit organization/company (community-based organization, 501(c)(3), etc.)
- For-profit organization/ company (consulting or contracting firm, insurance agency, etc.)
- University as an employee (faculty, staff)
- University as a student
- State, tribal, local, or territorial governmental agency like a public health department
- Still working out employment options
- Other: \_\_\_\_\_

20. How much of your CURRENT position or training is related to evaluation? (mark one circle)

*Mark only one oval.*

- None
- Some
- Most
- All
- Don't Know

**Evaluation-  
Related  
Skills**

We are interested in your thoughts about how much the Evaluation Fellowship prepared you to do work within certain skill areas. These skills may be applied to an evaluation role or another role in a professional setting.

**How much did the Evaluation Fellowship prepare you to...?**

21. Work with stakeholders to accomplish specific goals within a professional setting. (mark one circle)

*Mark only one oval.*

|            |                       |                       |                       |                       |                       |                       |           |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| 1          | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |           |
| Not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very much |

22. Describe the needs, activities, expected outcomes, and context for a work project or program. (mark one circle)

*Mark only one oval.*

|            |                       |                       |                       |                       |                       |                       |           |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| 1          | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |           |
| Not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very much |

23. Develop a strategy to assess the impacts or outcomes of your work projects/programs. (mark one circle)

*Mark only one oval.*

|            |                       |                       |                       |                       |                       |                       |           |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| 1          | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |           |
| Not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very much |

24. Systematically collect information to support decisions or recommendations within a professional setting. (mark one circle)

*Mark only one oval.*

|            |                       |                       |                       |                       |                       |                       |           |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| 1          | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |           |
| Not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very much |

25. Synthesize information to draw conclusions or make recommendations within a professional setting. (mark one circle)

Mark only one oval.

|            |                       |                       |                       |                       |                       |                       |                       |           |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
|            | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |           |
| Not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very much |

26. Use findings to make decisions or take actions within a professional setting. (mark one circle)

Mark only one oval.

|            |                       |                       |                       |                       |                       |                       |                       |           |
|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
|            | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |           |
| Not at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very much |

27. What were the 2-3 most important things that you learned/experienced through the Evaluation Fellowship that have helped you advance your career?

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28. Is there anything else that you think is important that we know about your experience in the Evaluation Fellowship?

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If you are available for a 30 minute interview in the next couple of months to provide some context to the above questions, please copy the following link and paste into a new browser window to provide your name and contact information. The information from the survey will NOT be linked to your name or contact information:  
<http://bit.ly/alum-contact>

Thank you for your participation!

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