

## Community of Practice Survey

*Sent partway through (2-3 months into) each Community of Practice as a check-in and at the close of a Community of Practice*

**Public Burden Statement:** The purpose of this information collection request is to assess participant satisfaction with various training and TA activities offered through a contracted TA provider, the Education Development Center. 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. This data collection is voluntary. The OMB control number for this project is 0915-0212 and is valid until 04/30/2024. Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

1. How satisfied are/were you with [title] Community of Practice (CoP)?
  - a. Extremely satisfied
  - b. Satisfied
  - c. Dissatisfied
  - d. Extremely dissatisfied
  
2. [If chosen "Dissatisfied" or "Extremely dissatisfied"] Please explain why you are/were dissatisfied with the CoP: [Open text]
  
3. Think back to when you first applied to participate in this CoP. Are the expectations you had for the CoP being met/were your expectations met?
  - a. Yes
  - b. No
  
4. [If no] Please explain: [Open text]
  
5. On a scale from 1-5, please rate how effective the CoP is/was at connecting you with peers from other states or territories who are addressing similar issues.
  - a. 1 (Not effective)
  - b. 2
  - c. 3
  - d. 4
  - e. 5 (Very effective)
  
6. Have you taken any action steps as a result of your participation in this CoP?
  - a. Yes
  - b. No

7. [If yes] Please describe 1-2 action steps you have taken as a result of your participation in this CoP: [Open text]
  
8. [If no] Please describe how the COP could better support you/could have better supported you in taking action steps: [Open text]
  
9. What is/was the MOST helpful feature of the CoP? [Open text]
  
10. What is/was the LEAST helpful feature of the CoP? [Open text]
  
11. How can we improve future CoPs? [Open text]
  
12. We are particularly interested in whether this CoP was provided in a culturally appropriate manner. Please rate your agreement with the following statement: This CoP was provided in a culturally responsive manner (respectful of individual beliefs, language, perspectives, and needs).
  - a. Strongly agree
  - b. Agree
  - c. Neither agree nor disagree
  - d. Disagree
  
13. [If disagree] Please explain how we could improve our TA in being more culturally responsive: [Open text]
  
14. As we work to improve our CoPs, would you be willing to speak with us if we wanted to follow up on some of the feedback you provided (we would simply contact you via email)?
  - a. Yes, I would be willing to speak with you.
  - b. No, I would prefer not to.
  
15. [If yes] Please provide your email [Open text]