**TITLE OF INFORMATION COLLECTION:** State Capacity Building Center Targeted Technical Assistance Feedback Collection for Peer Learning Groups

**Protocol and Email Invitation/Script**

**Virtual Peer Learning Groups**

* Two weeks in advance, Specialist emails RA to notify her of the evaluation form link needed
* Specialist works with RA to send survey monkey form within 2 business days of the training or the link is given during a webinar
* RA compiles data
* RA sends compiled responses to trainer for CQI purposes and posts in TAT
* Data Compiled for Evaluation Team
* RA compiles data across all targeted TA by 15th of the month, sends to evaluation team and network leads/posts to evaluation workspace

**Text to accompany survey link**

Subject Line: Your Feedback on [Event Name]

Good Morning/Afternoon,

The State Capacity Building Center is collecting feedback regarding its technical assistance (TA) services. According to our records, you recently participated in the State Capacity Building Center [NAME OF EVENT]. We would greatly appreciate your input and will use your feedback to inform future technical assistance efforts.

To provide feedback, please respond using this form: [link to survey monkey]. The brief voluntary survey will only take a few minutes and all responses are anonymous.

If you would like to provide feedback, please respond to the form above by [date].

Thank you!

The State Capacity Building Center

**Task 3 Survey**

**OMB Control No: 0970-0401**

**Expiration date: 05/31/2021**

**Instructions**

The State Capacity Building Center is collecting feedback regarding its technical assistance (TA) services. According to our records, you recently participated in the State Capacity Building Center [NAME OF EVENT]. We would greatly appreciate your input and will use your feedback to inform future technical assistance efforts. To provide feedback, please respond using this form. The brief voluntary survey will only take a few minutes and all responses are anonymous.

**NOTE: THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13).** Public reporting burden for this collection of information is estimated to average 8 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.

**Peer Learning Group Name:   
Event Date:   
  
Please select your role:**

* Community member
* Direct child-serving practitioner (e.g., child care, preschool, home visiting, teacher)
* Family member
* State-level professional
* Training and technical assistance professional
* Other. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Please indicate the extent to which you agree with the statements below.** | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| **Content** | The event purpose and learning objectives were clear. | 1 | 2 | 3 | 4 | N/A |
| The content provided was clear. | 1 | 2 | 3 | 4 | N/A |
| The content provided was useful (i.e. provided you with practical information or a practical perspective to inform your work). | 1 | 2 | 3 | 4 | N/A |
| The content provided was relevant to my current work (i.e., pertinent to your current work). | 1 | 2 | 3 | 4 | N/A |
| The content provided was influential (i.e., influenced your thinking; gave you “a-ha” moments; enabled you to think in a different way about your system(s), your partnerships, or other critical aspects of your work; and/or helped you analyze, synthesize, or integrate information in a new way). | 1 | 2 | 3 | 4 | N/A |
| **Presenters** | The presenter(s) was/were well-prepared. | 1 | 2 | 3 | 4 | N/A |
| The presenter(s) had robust knowledge and experience with the content. | 1 | 2 | 3 | 4 | N/A |
| The presenter(s) was able to respond appropriately to my questions. | 1 | 2 | 3 | 4 | N/A |
| **Participant** | I increased my awareness and knowledge of the content provided. | 1 | 2 | 3 | 4 | N/A |
| I feel ready to apply the new content to my work. | 1 | 2 | 3 | 4 | N/A |
| Overall, the event was relevant and fit my needs | 1 | 2 | 3 | 4 | N/A |

**If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us why:**

**What factors if any, may prevent you from using what you learned in your work? (Please check ALL that apply)**

□ What I’ve learned is not applicable to my work

□ Lack of time

□ Limited funds or other resources to support this effort

□ Lack of state policies or processes to support this effort

□ Lack of support/guidance from state leadership

□ Limited or no stakeholder buy-in

□ I don’t have the authority or influence to gain support for this effort

□ Other (Please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which aspect(s) was most useful for you and why?**

**How could we improve this work to better meet your needs?**

**What other topics for technical assistance would be useful to you?**

Thank you for participating and we hope the content provided met your expectations.

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future OCC technical assistance services. Public reporting burden for this collection of information is estimated to average 8 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. The OMB number and expiration date for this collection are OMB #: 0970-0401, Exp: XXXXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to J.R. Sayoc at j.r.sayoc@icf.com