



NATIONAL CENTER ON

Program Management and Fiscal Operations

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## PMFO Workshop Feedback Survey

Thank you for participating in the [*workshop name/intensive event name*]. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary, and all feedback will be kept private. To further protect your privacy please refrain from including personally identifiable information in open-ended responses.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit".

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

*Public reporting burden for this collection of information is estimated to average approximately 5 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.*

## Overall Workshop Feedback

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### Q1. What is your primary organizational affiliation?

- Head Start / Early Head Start grantee
- HS / EHS Childcare Partnership grantee
- Child care program (non-Head Start)
- Federal / Regional Office
- Regional Training / Technical Assistance Network
- Other \_\_\_\_\_

### Q2. What is your primary role within your organization?

- Director
- Assistant Director / Associate Director
- CFO
- Board of Directors / Tribal Council
- Manager / Coordinator
- Family Advocate / Family Services
- Policy Council
- Federal / Regional Office Staff (specify title) \_\_\_\_\_
- Regional Training / Technical Assistance Network Staff (specify title)  
\_\_\_\_\_
- Other \_\_\_\_\_

### Q3. How many years have you served in this role?

- Less than 1 year
- 1 to 4 years
- 5 to 9 years
- 10 or more years

**For the following questions, please think about the [name of workshop/intensive event] in its entirety.**

**Q4. Please select your level of agreement with the following statements about the training:**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
The training deepened my knowledge of the topics presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content of the training was relevant to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information presented was respectful, non-judgmental, and supportive of diverse populations (i.e., free from stereotypes or bias).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content of the training was inclusive of diverse cultural experiences and backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training provided me with knowledge of available resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned something during this training that I plan to use in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to share the information received during the training with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q5. Please let us know whether you found the content presented during the [insert event name] to be too simple, too advanced, or just about right.**

- Far too advanced
- A bit too advanced
- About right
- A bit too simple
- Far too simple

**Q6. Before this training, my knowledge of the content/topics addressed can be best described as...**

- No knowledge
- Minimal knowledge
- Moderate knowledge
- A high level of knowledge

**Q7. After this training, my knowledge of the content/topics addressed can be best described as...**

- No knowledge
- Minimal knowledge
- Moderate knowledge
- A high level of knowledge

**Q8. Please identify one concept or skill you learned during the [insert event name] that you will use in your work.**

**Q9. Is there anything that you expected to learn during the [insert event name] that you didn't?**

**Q10. Please select your level of agreement with the following statements about the presenters and materials of the [insert event name]:**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
The presenter(s) were knowledgeable in the content area(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The presenter(s) were responsive to participants' questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The presenter(s) were effective in engaging participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*I found the presentation materials easy to read and understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The resources provided during the training were relevant and useful for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter(s) conveyed important constructs effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*\* Two of these four items will be randomly chosen for each participant using our survey program's random question generator.*

**Q11. I was satisfied with the overall quality of this training.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**Q12. [For those who disagree or strongly disagree] What about the training detracted from your satisfaction?**

**Q13. Would you recommend this training to your peers?**

- Yes
- Yes, with reservations
- No

**Q14. How could this training be more inclusive of or responsive to diverse audiences?**

**Q15. Other comments:**

## **Activity/Resources Specific Feedback**

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*Reviewer's Note: The following stock question blocks may be customized and used to provide feedback regarding the individual activities/resources offered during the workshop/intensive event on an as-needed basis.*

**The following questions relate more specifically to the activities covered / resources used at this workshop/intensive event:**

- **Activity/Resource 1: [insert name of activity/resource]**
- **Activity/Resource 2: [insert name of activity/resource]**
- **Activity/Resource 3: [insert name of activity/resource]**

**Q1. Activity/Resource 1: [insert name of activity/resource 1]. I was satisfied with this activity/resource.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know / Not applicable

**Q2. Please identify one concept or skill you learned related to this activity/resource that you will use in your work.**

**Q3. Activity/Resource 2: [insert name of activity/resource 2]. I was satisfied with this activity/resource.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know / Not applicable

**Q4. Please identify one concept or skill you learned related to this activity/resource that you will use in your work.**

**Q5. Activity/Resource 3: [insert name of activity/resource 3]. I was satisfied with this activity/resource.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know / Not applicable

**Q6. Please identify one concept or skill you learned related to this activity/resource that you will use in your work.**