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.

1. 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:

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1. Select your state:

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



1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rate the quality of the information and resources provided in [CoP/Workgroup name]*.*
* Excellent
* Good
* Poor
* Very poor
1. 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
1. Rate the usefulness of the information and resources provided in the [CoP/Workgroup name].
* Very relevant
* Somewhat relevant
* Not relevant
* Not relevant at all
1. 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

*Display on all CoP surveys and only on final workgroup survey*

**Achievement of Intended Outcomes of [CoP/Workgroup name]**

1. 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.**

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

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

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1. Do you have any other comments or suggestions?

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