

Appendix C: Primary Data Collection Instruments

Exhibit C-2: Comprehensive Center Director Pre-Interview Template

Notes for reviewers: This pre-interview template will be sent to the Comprehensive Center Directors for each of the 20 Centers (19 Regional Centers and 1 National Center) in the study sample. The template is intended to provide project-specific details that may be difficult for Directors to recall during the interview.

Each Center will receive a template pre-populated with the names of projects active during Year 2, which roughly aligns to the 2020-21 school year. The items below will be answered for each project (usually 10-12 projects per Center).

- Blue font indicates the mapping to research questions.
- Green font indicates where interview questions are informed by ASPs or survey results.
- Purple font indicates template design/programming notes.
- Radio buttons indicate only one answer should be selected.
- Checkboxes indicate the interviewer should check all that apply.

The U.S. Department of Education's Comprehensive Center Network (CC Network) is committed to helping State Education Agencies (SEAs) and Local Education Agencies (LEAs) improve educational outcomes for all students, close achievement gaps, and improve the quality of instruction.

We are asking CC Directors to complete this pre-interview template to provide details on Year 2 projects which will inform our questions during the upcoming interview. The U.S. Department of Education is sponsoring this study and has hired Abt Associates to carry out the study. You can help the **U.S. Department of Education improve supports and services offered by the Comprehensive Centers by participating in this data collection.**

We know your time is valuable, and we thank you in advance for the time spent completing this template! Your responses are vital to the success of this important U.S. Department of Education study.

If you have any questions about this survey, contact us at XX@abtassoc.com.

Paperwork Reduction Act of 1995

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. Public reporting burden for this collection of information is estimated to average a total of 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Education Department General Administrative Regulations, Sections 75.591 and 75.592). If you have comments or concerns regarding the status of your individual submission of this survey, the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, please contact the National Center for Education Evaluation/Institute of Education Sciences U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number XXXX-XXXX. (Note: Please do not return the completed survey to this address.)

Notice of Confidentiality

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific individual. Any willful disclosure of such information for non-statistical purposes, except as required by law, is a class E felony.

RQ1.1 What are the most common educational problems that Comprehensive Centers’ project focus on, and to what extent do they vary across Centers? *List of projects from Year 2 (2020-21)*

1. **Please confirm that the following list of projects were active during Year 2.** [list project names]

RQ2.2 To what extent is there variation in the types and intensity of services provided by Comprehensive Centers? *Connect to ASP field 99 (tier of intensity – intensive, targeted, universal)*

2. **Please provide a brief update on each Year 2 project that your Center has worked on.**

Project	2a. Total Duration of the Project to Date (# months)	2b. Number of Team Members Assigned to Work on a Regular Basis (i.e., at least once a month)	2c. Average Hours per Week Each Staff Member Spent on Project	2d. Please rank order these projects by their estimated overall cost to the Center (including personnel, materials, and other direct costs).
<i>Project 1 [Name]</i>				[rank order]
<i>Project 2 [Name]</i>				
<i>Project 3 [Name]</i>				
...				
<i>Project X [Name]</i>				

RQ2.1 What are the most common capacity-building services that Comprehensive Centers provide to TA recipients? *Connect to ASP field Approach to Capacity-Building Services*

RQ4.2 To what extent, and in what ways, do Regional Comprehensive Centers collaborate with each other and with the National Comprehensive Center?

RQ 4.3 To what extent, and in what ways, do Comprehensive Centers collaborate with the RELs? In what areas do Comprehensive Center and REL activities overlap with each other, if at all?

RQ4.4 To what extent do Comprehensive Centers refer TA recipients to other ED-funded TA Centers?

ASP field 107 (CC partner) and 112 (other partner)

3. **Please indicate the services provided, project status, and partners involved in each Year 2 project that your Center has worked on.**

[programming note: if it’s possible to pop-outs or hover over features in ConfirmIt, we’d like to include definitions for the response options in the middle column as follows:

Completed: project was completed and is no longer active.

On target: major milestones have been successfully completed with limited modifications.

Approaching: major milestones have been completed with moderate modifications.

Delayed/deferred: milestones have been delayed or needed major modifications.

Discontinued: the project has been discontinued due to changes or significant constraints.]

Project	3a. Please check if service(s) provided were intended to increase recipients’ capacity in the following areas:	3b. Please check project status	3c. Please check if any of the following organizations apart from your Center were involved:
Project 1	<input type="checkbox"/> Conduct a needs	<input type="checkbox"/> Completed	<input type="checkbox"/> Other Regional Center

Project	3a. Please check if service(s) provided were intended to increase recipients' capacity in the following areas:	3b. Please check project status	3c. Please check if any of the following organizations apart from your Center were involved:
[Name]	assessment <input type="checkbox"/> Develop a logic model <input type="checkbox"/> Select evidence-based strategies, practices, and interventions (EBPs) <input type="checkbox"/> Plan implementation of EBPs <input type="checkbox"/> Support implementation of EBPs <input type="checkbox"/> Evaluate results - Other: _____	<input type="checkbox"/> On target <input type="checkbox"/> Approaching <input type="checkbox"/> Delayed/deferred <input type="checkbox"/> Discontinued	<input type="checkbox"/> National Center <input type="checkbox"/> Regional Education Laboratory (REL) <input type="checkbox"/> Equity Assistance Center <input type="checkbox"/> Other federal TA centers (please specify: _____) <input type="checkbox"/> Other organization (please specify: _____)
Project 2 [Name]	<input type="checkbox"/> Conduct a needs assessment <input type="checkbox"/> Develop a logic model <input type="checkbox"/> Select evidence-based strategies, practices, and interventions (EBPs) <input type="checkbox"/> Plan implementation of EBPs <input type="checkbox"/> Support implementation of EBPs <input type="checkbox"/> Evaluate results <input type="checkbox"/> Other: _____	<input type="checkbox"/> Completed <input type="checkbox"/> On target <input type="checkbox"/> Approaching <input type="checkbox"/> Delayed/deferred <input type="checkbox"/> Discontinued	<input type="checkbox"/> Other Regional Center <input type="checkbox"/> National Center <input type="checkbox"/> Regional Education Laboratory (REL) <input type="checkbox"/> Equity Assistance Center <input type="checkbox"/> Other federal TA centers (please specify: _____) <input type="checkbox"/> Other organization (please specify: _____)
Project 3 [Name]	<input type="checkbox"/> Conduct a needs assessment <input type="checkbox"/> Develop a logic model <input type="checkbox"/> Select evidence-based strategies, practices, and interventions (EBPs) <input type="checkbox"/> Plan implementation of EBPs <input type="checkbox"/> Support implementation of EBPs <input type="checkbox"/> Evaluate results <input type="checkbox"/> Other: _____	<input type="checkbox"/> Completed <input type="checkbox"/> On target <input type="checkbox"/> Approaching <input type="checkbox"/> Delayed/deferred <input type="checkbox"/> Discontinued	<input type="checkbox"/> Other Regional Center <input type="checkbox"/> National Center <input type="checkbox"/> Regional Education Laboratory (REL) <input type="checkbox"/> Equity Assistance Center <input type="checkbox"/> Other federal TA centers (please specify: _____) <input type="checkbox"/> Other organization (please specify: _____)
...	<input type="checkbox"/> Conduct a needs assessment <input type="checkbox"/> Develop a logic model <input type="checkbox"/> Select evidence-based strategies, practices, and interventions (EBPs) <input type="checkbox"/> Plan implementation of EBPs <input type="checkbox"/> Support implementation of EBPs	<input type="checkbox"/> Completed <input type="checkbox"/> On target <input type="checkbox"/> Approaching <input type="checkbox"/> Delayed/deferred <input type="checkbox"/> Discontinued	<input type="checkbox"/> Other Regional Center <input type="checkbox"/> National Center <input type="checkbox"/> Regional Education Laboratory (REL) <input type="checkbox"/> Equity Assistance Center <input type="checkbox"/> Other federal TA centers (please specify: _____) <input type="checkbox"/> Other organization (please specify: _____)

Project	3a. Please check if service(s) provided were intended to increase recipients' capacity in the following areas:	3b. Please check project status	3c. Please check if any of the following organizations apart from your Center were involved:
	<input type="checkbox"/> Evaluate results <input type="checkbox"/> Other: _____		
Project X [Name]	<input type="checkbox"/> Conduct a needs assessment <input type="checkbox"/> Develop a logic model <input type="checkbox"/> Select evidence-based strategies, practices, and interventions (EBPs) <input type="checkbox"/> Plan implementation of EBPs <input type="checkbox"/> Support implementation of EBPs <input type="checkbox"/> Evaluate results <input type="checkbox"/> Other: _____	<input type="checkbox"/> Completed <input type="checkbox"/> On target <input type="checkbox"/> Approaching <input type="checkbox"/> Delayed/deferred <input type="checkbox"/> Discontinued	<input type="checkbox"/> Other Regional Center <input type="checkbox"/> National Center <input type="checkbox"/> Regional Education Laboratory (REL) <input type="checkbox"/> Equity Assistance Center <input type="checkbox"/> Other federal TA centers (please specify: _____) <input type="checkbox"/> Other organization (please specify: _____)