

OMB Control Number: 0970-0401

Expiration Date: 6/30/2024

**E-Learning Module Feedback Survey**

Thank you for participating in the [*insert name*] e-learning module training. To help ensure the quality of our services, we ask that you complete the following feedback survey. This 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)*  
  
*The purpose of this information collection is to improve future service delivery. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact Alma Bartnik at* [abartnik@donahue.umass.edu](mailto:abartnik@donahue.umass.edu)*.*

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

* Head Start or Early Head Start Grantee/Recipient
* Non-Head Start or Early Head Start Grantee/Recipient
* I’m not sure

*[Q2a only displayed if “Head Start or Early Head Start Grantee/Recipient” is selected in Q1. Drilldown options in italics and green font for each response category in Q2a will are only displayed if associated response option is selected.]*

**Q2a. What is your primary role within your organization?**

* CEO, CFO, or Executive
* Director (please specify)
  + *Program Director of Head Start or Early Head Start program*
  + *Center Director*
  + *Site Director*
* Assistant Director or Associate Director (please specify)
  + *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* Manager or Coordinator (please specify)
  + *Fiscal*
  + *Education*
  + *Health*
  + *Mental Health*
  + *Nutrition*
  + *Disability Services*
  + *Infants and Toddlers*
  + *Family Services*
* Non-Managerial Fiscal/Accounting Staff
* Family Advocate / Family Services
* Other (please specify)
  + *Governing Body (i.e., Board of Directors)*
  + *Tribal Council*
  + *Policy Council*
  + *Specialist or Consultant (please specify)*
    - *Fiscal*
    - *Education*
    - *Health*
    - *Mental Health*
    - *Nutrition*
    - *Disability Services*
    - *Infants and Toddlers*
    - *Family Services*
  + *Program Support or Administrative Assistant*
  + *Teacher*
  + *Coach / Mentor*
  + *Home Visitor*
  + *Parent / Guardian*
  + *Volunteer*
  + *Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*[Q2b only displayed if “Non-Head Start or Early Head Start Grantee/Recipient” is selected in Q1. Drilldown options in italics and green font for each response category in Q2b will are only displayed if associated response option is selected.]*

**Q2b. What is your primary role within your organization?**

* Federal Staff (please specify)
  + *Central Office*
  + *Regional Office*
* Regional TTA Team/Specialist
* Other (please specify)
  + *State Head Start Collaboration Office*
  + *State Agency Staff*
  + *State Head Start Association*
  + *Regional Head Start Association*
  + *National Head Start Association*
  + *Office of Child Care (please specify)*
    - *Contracting Officer*
    - *Regional Office*
    - *State Capacity Building Center (SCBC)*

*[Q2c only displayed if “I’m not sure” is selected in Q1.]*

**Q2c. What is your primary role within your organization?**

*Respondent would see all the above as shown in Q2a and Q2b.*

**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

**Q4. Please select your level of agreement with the following statements about the e-learning module:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|  |  |  |  |  |  |
| a. The content of the module was relevant to my work**.** |  |  |  |  |  |
| \*b. The resources provided during the module were useful for my work. |  |  |  |  |  |
| \*c. The resources provided during the module were relevant for my work. |  |  |  |  |  |
| \*d. The module provided me with knowledge of available resources. |  |  |  |  |  |
| \*e. The information presented was easy to read and understand. |  |  |  |  |  |
| f. The module was engaging |  |  |  |  |  |
| g. During this module, key information was presented effectively. |  |  |  |  |  |
| h. The module provided opportunities for interactive learning. |  |  |  |  |  |
| \*\*i. The components of this module *[list components here]* were organized into a coherent sequence and built on each other. |  |  |  |  |  |

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

*\*\**\**This item will only be asked if the e-learning module is comprised of a series of distinct components.*

**Q5. Please select your level of agreement with the following statements about the e-learning module’s format and logistics:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|  |  |  |  |  |  |
| a. The content in this module was easy to navigate. |  |  |  |  |  |
| b. The process for completing the module was clear. |  |  |  |  |  |
| c. The visual aesthetic of the module was appealing. |  |  |  |  |  |
| d. The links to the external websites were active. |  |  |  |  |  |

**Q6.** **Did you encounter any technical issues?**

* Yes
* No

**Q7**. *[Only displayed if “yes” to Q6]*. **Please tell us about the technical issue(s) that you experienced.**

**Q8. Please select your level of agreement with the following statements about the e-learning module:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
| a**.** The information presented was respectful, non-judgmental, and supportive of diverse populations (i.e., free from stereotypes or bias). |  |  |  |  |  |
| b. The content of the module was inclusive of diverse cultural experiences and backgrounds. |  |  |  |  |  |
| c. The content of the module will help me be more culturally responsive in my work. |  |  |  |  |  |

**Q9. Please let us know whether you found the content presented in the e-learning moduleto 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

**Q10a. Before the e-learning module, my knowledge of the content/topics addressed can be best described as…**

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

**Q10b. After the e-learning module, my knowledge of the content/topics addressed can be best described as…**

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

**Q10c. How much did the e-learning module increase your knowledge of the topic(s) presented?**

* No Increase
* Small Increase
* Moderate Increase
* Large Increase

**Q11. Please select your level of agreement with the following statements about this e-learning module:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
| a. The module design / environment was supportive of learning. |  |  |  |  |  |
| b. The module provided feedback on the achievement of learning outcomes. |  |  |  |  |  |
| c. I believe that the stated learning outcomes for this module were met. |  |  |  |  |  |

**Q12. Please select your level of agreement with the following statements about the e-learning module:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
| a. The module deepened my knowledge of the topic presented |  |  |  |  |  |
| b. I learned something during this module that I plan to use in my work. |  |  |  |  |  |
| c. I plan to share the information received during this module with others. |  |  |  |  |  |

**Q13a. Please give an example of one action step you will take as a result of the knowledge you gained from this e-module**

**Q13b. Please identify one concept or skill you learned during this module that you will use in your work.**

**Q14. What factors, if any, may prevent you from using what you learned? (Check all that apply).]**

* Lack of time.
* Limited funds or other resources.
* Lack of personnel
* Staff turnover
* Lack of support/guidance from program leadership.
* Misalignment with parent needs/goals.
* Not a good fit.
* Lack of staff engagement.
* Lack of cultural relevance.
* Other (please describe)
* There are no factors that may prevent me from using what I learned.

**Q15. I was satisfied with the overall quality of this e-learning module.**

* Strongly agree
* Agree
* Disagree
* Strongly disagree

**Q16. Would you recommend this e-learning module to your peers?**

* Yes
* Yes, with reservations
* No

**Q17. How can we improve this e-module?**

**Q18. In thinking about the topic(s) covered during this e-module, what follow-up support(s) or resource(s) would be most useful to you? *[As needed, PMFO may substitute this open-ended question format with a customized drop-down menu, based on topics covered during the e-module.]***

**Q19. Other comments:**