



NATIONAL CENTER ON

Program Management and Fiscal Operations

OMB Control Number: 0970-0401

Expiration Date: 6/30/2024

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 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".

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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.

Overall Workshop Feedback

Q1. What is your primary organizational affiliation?

- o Head Start or Early Head Start Grantee/Recipient
- o Non-Head Start or Early Head Start Grantee/Recipient
- o 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 be only displayed if associated response option is selected.]

Q2a. What is your primary role within your organization?

- o CEO, CFO, or Executive
- o Director (please specify)
 - o *Program Director of Head Start or Early Head Start program*
 - o *Center Director*
 - o *Site Director*
- o Assistant Director or Associate Director (please specify)
 - o _____
- o Manager or Coordinator (please specify)
 - o *Fiscal*
 - o *Education*
 - o *Health*
 - o *Mental Health*
 - o *Nutrition*
 - o *Disability Services*
 - o *Infants and Toddlers*
 - o *Family Services*
- o Non-Managerial Fiscal/Accounting Staff
- o Family Advocate / Family Services
- o Other (please specify)
 - o *Governing Body (i.e., Board of Directors)*
 - o *Tribal Council*
 - o *Policy Council*
 - o *Specialist or Consultant (please specify)*
 - *Fiscal*
 - *Education*
 - *Health*
 - *Mental Health*
 - *Nutrition*
 - *Disability Services*
 - *Infants and Toddlers*
 - *Family Services*

- o Program Support or Administrative Assistant*
- o Teacher*
- o Coach / Mentor*
- o Home Visitor*
- o Parent / Guardian*
- o Volunteer*
- o 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 be only displayed if associated response option is selected.]

Q2b. What is your primary role within your organization?

- o Federal Staff (please specify)*
 - o Central Office*
 - o Regional Office*
- o Regional TTA Team/Specialist*
- o Other (please specify)*
 - o State Head Start Collaboration Office*
 - o State Agency Staff*
 - o State Head Start Association*
 - o Regional Head Start Association*
 - o National Head Start Association*
 - o 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

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’s presenters:

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *a. 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"/> |
| *b. The presenter(s) were effective in communicating key information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *c. The presenter(s) were responsive to participants’ questions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *d. The presenter(s) were effective in engaging participants. | <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.*

Q5. Please select your level of agreement with the following statements about the training:

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. 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"/> |
| *b. The resources provided during the training were useful for my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *c. The resources provided during the training were relevant for my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *d. The training provided me with knowledge of available resources. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *e. The presentation materials were easy to read and understand. | <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.*

Q6. Please select your level of agreement with the following statements about the training:

| | 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). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The content of the presentation was inclusive of diverse cultural experiences and backgrounds. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The content of the presentation will help me be more culturally responsive in my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q7. 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

Q8a. 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

Q8b. 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

Q8c. How much did the event increase your knowledge of the topic(s) presented?

- No Increase
- Small Increase
- Moderate Increase
- Large Increase

Q9. Please select your level of agreement with the following statements about the training:

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The environment was supportive of learning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The instructor provided feedback to the training participants on the achievement of learning outcomes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I believe that the stated learning outcomes for this training were met. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q10. Please select your level of agreement with the following statements about the training:

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The training deepened my knowledge of the topics presented | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. 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"/> |
| c. 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"/> |

Q11a. Please give an example of one action step you will take as a result of the knowledge you gained from this training.

Q11b. Please identify one concept or skill you learned during the [insert event name] that you will use in your work.

Q12. 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.

Q13. I was satisfied with the overall quality of this training.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q14. Would you recommend this training to your peers?

- Yes
- Yes, with reservations
- No

Q15. How can we improve this training?

Q16. In thinking about the topic(s) covered during this training, 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 training.]

Q17. Other comments:

Activity/Resource/Session Specific Feedback

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

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

- **Activity/resource/session 1: [insert name]**
- **Activity/resource/session 2: [insert name]**
- **Activity/resource/session 3: [insert name]**

Q1a. Activity/resource/session 1: [insert name]. I was satisfied with this portion of the training.

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

Q1b. Please identify one concept or skill you learned related to this activity/resource/session that you will use in your work.

Q2a. Activity/resource/session 2: [insert name]. I was satisfied with this portion of the training.

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

Q2b. Please identify one concept or skill you learned related to this activity/resource/session that you will use in your work.

Q3a. Activity/resource/session 3: [insert name]. I was satisfied with this portion of the training.

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

Q3b. Please identify one concept or skill you learned related to this activity/resource/session that you will use in your work.