



NATIONAL CENTER ON

Program Management and Fiscal Operations

OMB Control Number: 0970-0401

Expiration Date: 6/30/2024

## PMFO Session Feedback Survey

Thank you for participating in the [Session 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)*

*The purpose of this information collection is to improve future service delivery. Public reporting burden for this collection of information is estimated to average 5 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).*

## Session Feedback

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*[Reviewer's Note: non-substantive edits may be made to this survey by reducing reporting categories or streamlining questions for a subset of respondents to reduce respondent burden.]*

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

- Head Start or Early Head Start Grant Recipient
- Not a Head Start or Early Head Start Grant 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 be 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*
  - Human Resources*
  - Health*
  - Mental Health*
  - Nutrition*
  - Disability Services*
  - Infants and Toddlers*
  - Family Services*
- Non-Managerial Fiscal/Accounting Staff
- Family Advocate / Family Services
- Human Resources Staff
- Other (please specify)
  - Governing Body (i.e., Board of Directors)*
  - Tribal Council*
  - Policy Council*
  - Specialist or Consultant (please specify)*
    - Fiscal*
    - Education*
    - Health*

- *Human Resources*
- *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 “Not a Head Start or Early Head Start 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 of the above as shown in Q2a and Q2b.*

*[Reviewer’s Note: while questions Q2a, Q2b, Q2c will remain the same, response options for specific roles may be refined over time, if for example, open ended responses to the “other” category reveal roles not currently captured in this list. Additionally, roles may be dropped from this list if, over time, few to no respondents select them.]*

**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 session in its entirety and select your responses.**

**Q4. The presenters were...**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
*a. Knowledgeable in the content area(s).	<input type="radio"/>				
*b. Effective in communicating key information.	<input type="radio"/>				
*c. Responsive to participants' questions.	<input type="radio"/>				
*d. Effective in engaging participants.	<input type="radio"/>				

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

**Q5. The session content...**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
a. Was relevant to my work.	<input type="radio"/>				
b. Was free from stereotypes or bias.	<input type="radio"/>				
c. *Provided me with knowledge of available resources.	<input type="radio"/>				
d. *Was easy to understand.	<input type="radio"/>				
e. **Was inclusive of diverse cultural experiences and backgrounds.	<input type="radio"/>				
f. **Will help be more culturally responsive in my work.	<input type="radio"/>				

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

*\*\*These items will only be used on an as-needed basis for sessions where they are relevant.*

**Q6. The resources provided during this session were...**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
a. Relevant	<input type="radio"/>				
b. Useful	<input type="radio"/>				

**Q7. The content of the session was....**

- Too advanced
- About right
- Too simple

**Q8. *Before this session, my knowledge of the content/topics can be best described as...***

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

**Q9. How much did the session increase your knowledge of the topic(s) presented?**

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

**Q10. The environment was supportive of learning.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**Q11. Regarding the session overall...**

	Yes	No	Not sure
a. The instructor provided feedback to the session participants on the achievement of learning outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I believe that the stated learning outcomes for this session were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12. I learned something during this session that I plan to use in my work.**

- Yes
- No
- I'm not sure

**Q13. Think about the concepts and skills you learned during this session. Please name one or two action steps you will take as a result of what you learned.**

**Q14. How satisfied were you with the overall quality of this session?**

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

**Q15. How can we improve this session?**

**Q16. What follow-up support or resource(s) would be most useful to you on the topic?**

**Q17. Other comments:**