6-Month Post-Session Survey

Welcome!

Welcome!

This survey is designed to collect information from team members approximately 6 months after participating in the Team Effectiveness Program (Team Performance Indicator Assessment and Workshop, Group Trust Assessment and Workshop, Team Norms Workshop, or Group Norms Workshop). Your feedback will be used to evaluate the effectiveness of the program.

Your responses will remain confidential and anonymous, however, the survey results will be summarized and shared with your leader.

The survey should take no more than 5 minutes to complete, and the OMB clearance number is 3145-0215.

Page Break

Q1 Since doing this workshop, what positive changes have occurred in your team/group?

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Q2 Would you recommend this workshop to your colleagues?

O Yes (1)

O No (2)

O Maybe (3)

Q3 What recommendations do you have to improve the workshop experience?

_____

Q4
Longitudinal Statements

* 4. Reflecting on your experience with your team/group over the past 6 months, select the response options that most closely aligns with the change you have observed in your team/group on the following dimensions after participating in the Team Effectiveness Program.

	Much Better (1)	Somewhat Better (2)	No Change (3)	Somewhat Worse (4)	Much Worse (5)
Dependability (My team/group members reliably adhere to their commitments, like deadlines.) (1)	O	O	O	O	O
Accountability (My team/group members accept responsibility for their efforts, both good and bad.) (6)	O	O	O	O	O
Structure (I understand how my job connects with others' jobs.) (2)	O	O	O	O	O
Clarity (I understand my job expectations and the process for fulfilling these expectations.) (7)	O	O	O	O	O
Communication (I have the relevant information needed to complete my work.) (3)	O	O	O	O	O

Coordination (I understand how my work depends upon and/or relates to other efforts.) (8)	O	O	O	O	O
Connection (I relate to my team/group members based on ideas, goals, perspectives, backgrounds, or values.) (4)	O	O	O	O	O
Psychological safety (I feel confident that no one in the team/group will embarrass or punish anyone else for admitting a mistake, asking a question, or offering a new idea.) (5)	O	O	O	O	O
Inclusivity (I can be myself around my team/group members, and they welcome my contributions.) (9)	O	O	O	O	O

Q5 5. If you responded with anything other than "Strongly Agree" or "Agree", please provide additional information.

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Q6
Thank you!

Thank you for providing your feedback about the Team Effectiveness Program!

Please reach out to academy@nsf.gov to provide additional feedback or suggestions for ways to improve the program!

Make sure to select the Submit button before you exit out of this page.