

ECS TACC TA Community of Practice Survey

Public Burden Statement: The purpose of this information collection request is to assess participant satisfaction with various training and TA activities offered through a contracted TA provider, Altarum Institute. The OMB control number for this project is 0915-0212, expiring 04/30/2024. Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

1. Please select your role:
 - a. ECCS Lead
 - b. Family Leader
 - c. ECCS Partner

2. Overall, how satisfied were you with the Community of Practice?
 - a. Very Satisfied
 - b. Satisfied
 - c. Neither Satisfied nor Satisfied
 - d. Dissatisfied
 - e. Very Dissatisfied

3. Please rate how useful you found the Community of Practice to be in terms of the following topics?	Not Useful	Slightly Useful	Neutral	Useful	Very Useful
Topic 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topic 3, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The Community of Practice...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
had a clear focus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gave me a sense of belonging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helped me build relationships and network with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
benefited my daily work from the relationships established.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
motivated me to share work-related knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided a useful set of resources for participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided a welcoming social environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helped me achieve better results (quality, productivity, stakeholder satisfaction) in projects and programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
effectively built knowledge sharing and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

learning into the community.

5. Please check how you feel after participating in the Community of Practice.

I need more time to think about the information gained from the Community of Practice

I am still not sure how to make the changes discussed in the Community of Practice

I am ready to make some changes after participating in the Community of Practice

I have made changes as a result of participating in the Community of Practice

Other: _____

6. What types of actions are you pursuing or considering pursuing based on the participating in the Community of Practice?

7. What was the most helpful aspect of participating in the Community of Practice?

8. What was the least helpful aspect of participating in the Community of Practice?

9. Please provide any recommendations for ways to strengthen the effectiveness of the Community of Practice:

10. Please provide any suggestions for areas of focus for future Communities of Practice: