

## 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, the Education Development Center. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0084 and is valid until 02/28/2027. This information collection is voluntary. All responses will be aggregated and respondents will remain confidential. Public reporting burden for this collection of information is estimated to average .12 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

1. How satisfied were you with [title] Community of Practice (CoP)?
  - a. Very satisfied
  - b. Satisfied
  - c. Dissatisfied
  - d. Very dissatisfied
2. [If chosen "Dissatisfied" or "Very dissatisfied"] Please explain why you were dissatisfied with the CoP: [Open text]
3. Think back to when you first applied to participate in this CoP. Were the expectations you had for the CoP met?
  - a. Yes
  - b. No
4. [If no] Please explain: [Open text]
5. On a scale from 1-5, please rate how effective the CoP was at connecting you with peers from other states or territories who are addressing similar issues.
  - a. 1 (Not effective)
  - b. 2
  - c. 3
  - d. 4
  - e. 5 (Very effective)
6. [If a or b] How could this CoP have better connected you with your peers? [Open text]
7. Have you taken any action steps as a result of your participation in this Community of Practice?
  - a. Yes
  - b. No

8. [If yes] Please describe 1-2 action steps you have taken as a result of your participation in this CoP: [Open text]
9. [If no] Please describe how the CoP could have better supported you in taking action steps: [Open text]
10. What was the MOST helpful feature of the CoP? [Open text]
11. What was the LEAST helpful feature of the CoP? [Open text]
12. How can we improve future CoPs? [Open text]
13. Please rate your agreement with the following statement: This CoP integrated diversity, equity, and inclusion into the content it provided.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
14. To what extent did you see diversity, equity, and inclusion show up in the approach of the technical assistance provided?
  - a. To a great extent
  - b. Somewhat
  - c. Very little
  - d. Not at all
15. Please comment with any suggestions for how we can improve our technical assistance to more intentionally integrate diversity, equity, and inclusion.
16. As we work to improve our CoPs, would you be willing to speak with us if we wanted to follow up on some of the feedback you provided (we would contact you via email)?
  - a. Yes, I would be willing to speak with you.
  - b. No, I would prefer not to.
17. [If yes] Please provide your email [Open text]