

## HEAD START MANAGEMENT FELLOWS PROGRAM

Developed by:

OMB Control Number: 0970-0401

Expiration Date: 5/31/2021

# Head Start Management Fellows Program

## End-of-Program Feedback Survey

Thank you for participating in the Head Start Management Fellows (HSMF) Program, conducted by the UCLA Anderson School of Management. To help ensure the quality of our services, we ask that you complete the following feedback survey about the HSMF Program in its entirety. 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.

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, we are gathering feedback to improve service delivery. Public reporting burden for this collection of information is estimated to average 7 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. If you have any comments on this collection of information, please contact [contact info to be added based on cohort].*



# Overall HSMF Program Evaluation

---

**Q1. What is your primary role within your organization?**

- Director
- Assistant Director / Associate Director
- Manager / Coordinator
- Chief Financial Officer
- Other, please specify: \_\_\_\_\_

**Q2. How many years have you served in this role?**

- Less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 9 years
- 10 or more years

Q3. As a result of participating in this program, to what extent will you be able to do each of the following? If it is too early to tell or if the statement is not applicable to you, please check the appropriate circle.

	To a large extent	To a moderate extent	To a small extent	Not at all	Too early to tell	NA
Create a vision and identify strategies to guide teams and stakeholders towards that vision	<input type="radio"/>					
Articulate your vision in a way that inspires and engages others to action	<input type="radio"/>					
Think strategically	<input type="radio"/>					
Utilize the tools and frameworks learned to <i>enhance personal performance</i>	<input type="radio"/>					
Utilize the tools and frameworks learned to <i>solve business problems</i>	<input type="radio"/>					
Analyze and/or manage data more effectively	<input type="radio"/>					
Foster communication between management and fiscal staff	<input type="radio"/>					
Lead and motivate teams	<input type="radio"/>					
Adapt leadership styles to build commitment to goals	<input type="radio"/>					
Create alliances, partnerships, and networks	<input type="radio"/>					
Problem solve and manage conflicts	<input type="radio"/>					
Other: Please specify _____	<input type="radio"/>					

Q4. Please indicate the extent to which participating in the UCLA Head Start Management Fellows (HSMF) Program has impacted you. If it is too early to tell or if the statement is not applicable to you, please check the appropriate circle.

	To a large extent	To a moderate extent	To a small extent	Not at all	Too early to tell	NA
I have learned about different approaches to leadership and management	<input type="radio"/>					
I enhanced my knowledge of issues facing Head Start organizations	<input type="radio"/>					
I developed useful leadership and management skills	<input type="radio"/>					
I have broadened my access to a network of leaders and resources within Head Start	<input type="radio"/>					
I am more confident in my ability as a Head Start director/manager	<input type="radio"/>					
Other: Please specify _____	<input type="radio"/>					

**Q5. How satisfied were you with the overall quality of the Head Start Management Fellows (HSMF) Program?**

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

**Q6. What are the key takeaways from the HSMF Program that you will apply to the organizations and/or programs that you work with?**

**Q7. In considering your experience with the HSMFP, please describe which parts of the program could be improved for future cohorts?**

**Q8. Any last comments?**