OMB Control Number: 0970-0401
Expiration Date: 6/30/2024

Training for the Head Start / Early Head Start Population Projections Pilot Feedback Survey

Thank you for participating in the training for the Head Start / Early Head Start Population Projections Pilot. 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 Ivana Zuliani at izuliani@donahue.umass.edu.

Session Feedback

Background Information

Q1. What is your primary role within your organization?

- o CEO or Executive
- o Chief Financial Officer (CFO)
- o Director (please specify)
    - o *Program Director of Head Start or Early Head Start program*
    - o *Center Director*
    - o *Site Director*
- o Assistant Director or Associate Director (please specify)
    - o *_____*
- o Manager or Coordinator (please specify)
    - o *Fiscal*
    - o *Human Resources*
    - o *Data and Research*
    - o *Other _____*
- o Non-Managerial Fiscal/Accounting Staff
- o Human Resources Staff
- o Other (please specify)
    - o *Other _____*

Q2. 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 this training and select your responses.

Q3. The presenters were…

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
a. Knowledgeable in the content area(s).	❍	❍	❍	❍	❍
b. Effective in communicating key information.	❍	❍	❍	❍	❍
c. Responsive to participants' questions.	❍	❍	❍	❍	❍

Q4. Please think about the _[insert name tool]_ when responding to these questions.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / NA
a. The tool was user-friendly	❍	❍	❍	❍	❍
b. Information presented in the tool was easy to understand	❍	❍	❍	❍	❍
c. This tool fills important data gaps	❍	❍	❍	❍	❍
d. This tool provides estimates at a useful geographic level (e.g., county, municipality, zip code) for my service area	❍	❍	❍	❍	❍

Q5. *[This question only displayed if respondent indicates "disagree" or "strongly disagree" to Q4c.]*
You indicated that you do not believe that this tool fills important data gaps. Please select the reason for your response (check all that apply):
☐ We are able to obtain these data from somewhere else
☐ I don't believe these data are useful
☐ Other, please specify: _____

Q6. *[This question only displayed if respondent indicates "disagree" or "strongly disagree" to Q4d].*
Please indicate what level of geographic detail would be useful for your population projections?

❍ Zip code
❍ Town / city
❍ School district
❍ Other, please specify: _____

Q7a. The tool shows population and enrollment projections that cover the timespan from [*insert initial year of projections*] through to [*insert final year of projections*]. Please indicate which statement is true for you:

❍ This time span fits my needs
❍ This time span does not go far out enough
❍ This time span goes farther out than I need

Q7b. Please elaborate on your response:

Q8. Please describe how you plan on using the data found in this tool? Relatedly, what decisions will these data inform?

Q9. As a result of participating in this training, to what extent do you understand…

	Large extent	Moderate extent	Small extent	Not at all	Don't know / NA
a. the uses of the projections	❍	❍	❍	❍	❍
b. the limitations of the projections	❍	❍	❍	❍	❍

Q10. As a result of participating in this training, to what extent will you be able to …

	Large extent	Moderate extent	Small extent	Not at all	Don't know / NA
a. better anticipate the enrollment needs in my respective jurisdiction	❍	❍	❍	❍	❍
b. plan for future HS/EHS enrollment	❍	❍	❍	❍	❍

Q11. In what other ways, if any, has the training built your capacity to plan for the future?

Q12. What follow-up support or resource(s) would be most useful to you in using the tool?

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Q13. If you were to receive regular projections from this tool, what would be the most useful timing for these updates?
❍ Annually
❍ Every 2 years
❍ Every 3 years
❍ Every 4 years
❍ Every 5 years

Q14. Other comments or questions: