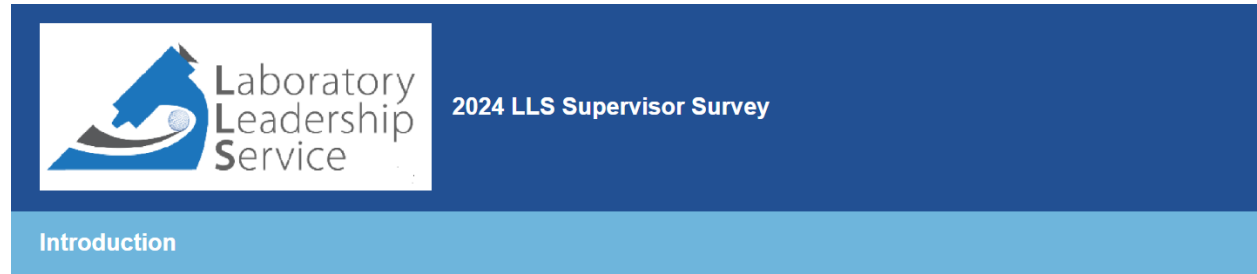


Attachment 2. 2024 LLS Supervisor Survey Screenshots



Form Approved
OMB No. 0920-1163
Expiration Date: 02/28/2026

Thank you for serving as a supervisor for the Laboratory Leadership Service (LLS) 2023 Fellowship Class! This survey will take approximately **6 minutes** to complete. The LLS Office needs your feedback about your experience as an LLS Supervisor. Your responses will be private, and all data reports will be presented in aggregate. Please be thorough and candid in your responses, as they will be used to assess relevant aspects of the program as well as inform program improvement efforts.

Please contact elwbeval@cdc.gov with any questions regarding this survey.

Notice: By continuing to the next screen, you consent to complete this survey.

The public reporting burden of this collection of information is estimated to average 6 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATT: PRA (0920-1163)

Next



Feedback on LLS Program Support

* 1. Thinking about your experience hosting and supervising an LLS Fellow, please indicate the extent to which you found each of the following program supports to be useful.

	Not at all useful	Not very useful	Somewhat useful	Very useful	N/A
LLS handbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisor orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisor meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative support provided to fellows (e.g., onboarding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. If you selected, "not at all useful" or "not very useful" please explain.

* 3. Please rate your level of satisfaction with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
When I have a question or issue to discuss with the LLS program, the question or issue is resolved within a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the support I receive from the LLS program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the communication between me and LLS program staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If you selected "disagree" or "strongly disagree" please explain.

* 5. Please indicate the level of support you would like to receive in the future from the LLS program for the following processes:

	Less support	The same level of support	More support	No support needed	N/A
Ensuring the LLS Fellow completes CALs (Core Activities of Learning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning projects for the LLS Fellow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring the LLS Fellow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If you selected, "less support" or "more support" please explain.

* 7. Reflecting back on your experience as a supervisor for the past year, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you'd wished you had.

Feedback on Fellow Training

* 8. What additional training or experiences would be helpful for LLS Fellows to receive during Summer Course, Fall 1 Course, and Fall 2 Course? Please include your thoughts below and indicate the respective course that it pertains to.

Fellow Contributions

* 9. Thinking about the LLS Fellow you supervise, please indicate to what extent you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
Your LLS Fellow serves as an active member of the laboratory team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your LLS Fellow contributes toward advancing laboratory assessments, protocols, or procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your LLS Fellow supports the development of laboratory safety in the laboratory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your LLS Fellow supports the development of laboratory quality in the laboratory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your LLS Fellow contributes to the advancement of applied health research in the laboratory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My team values the LLS Fellow's contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My team has gained knowledge or skills as a result of participating in the LLS Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LLS Fellow has changed the way I or team members approach laboratory management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please share some examples to support your responses to the question above.

Additional Feedback

* 11. Would you be willing to host another LLS fellow?

- Yes
- No
- Undecided

12. If you selected, "no" or "undecided" please explain.

* 13. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other public health laboratories?

- Yes
- No
- Undecided

14. If you selected, "no" or "undecided" please explain.

Conclusion

You have reached the end of the survey. **Please click "Done" to submit your responses.** Thank you for taking the time to provide your feedback. We value your feedback. Please contact elwbeval@cdc.gov with any questions regarding this survey.