**Attachment 1. 2024 CDC Science Ambassador Fellowship Summer Course Survey**

**[Page 1 – Introduction]**

Thank you for participating in the 2024 CDC Science Ambassador Fellowship Summer Course. We would like to ask you a few questions regarding your experience. The information you provide will be used to guide the direction of future summer course sessions.

Your participation is voluntary, and your answers will not affect earning continuing education units. This survey is anonymous and information gathered from it will be treated in a secure manner. All data will be reported in aggregate.

This survey will take approximately**14 minutes**to complete. By continuing to the next page, you have consented to complete this survey. Please contact ELWBeval@cdc.gov if you have any questions or problems concerning this survey.

The public reporting burden of this collection of information is estimated to average 14 minutes per response, including the 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 ATTN: PRA (0920-1163).

**[Page 2]**

1. During the 2024 CDC Science Ambassador Fellowship Summer Course, my role was a \_\_\_\_\_\_\_\_\_.\*
	1. Fellow **[skip to page 3]**
	2. Peer leader **[skip to page 6]**

**[Page 3]**

1. Please indicate your level of agreement with each of the following statements.**\***

| The CDC Science Ambassador Fellowship Summer course met my professional expectations. | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- |

1. Please indicate to what extent you agree that each session listed was valuable to your learning or professional development.

|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- |
| [SESSION NAME/DATE/TIME] |  |  |  |  |  |
| [SESSION NAME/DATE/TIME] |  |  |  |  |  |
| [SESSION NAME/DATE/TIME] |  |  |  |  |  |
| [SESSION NAME/DATE/TIME] |  |  |  |  |  |
| [SESSION NAME/DATE/TIME] |  |  |  |  |  |
| [SESSION NAME/DATE/TIME] |  |  |  |  |  |

1. Please provide any suggestions to help us improve the CDC Science Ambassador Fellowship Summer Course sessions listed above. **[open-ended]**
2. What would you have liked to see more of in this training? Select up to 3.\* [Check boxes, limit 3 responses]
	* Lesson plan walkthroughs/how to adapt existing CDC resources to the classroom
	* Panels with CDC experts
	* Public health/science lecture for background on public health topics
	* Time to collaborate with other teachers
	* Sessions on how to develop public health curricula
	* Sessions on aligning public health content to standards, like NGSS
	* Other (please specify):

**[Page 4]**

1. Rate your knowledge in **how to effectively** **teach public health content in your classroom** before and after participating in the workshop.\*

|  |  |
| --- | --- |
| **Before the workshop**  | **After the workshop**  |
| * Not at all knowledgeable
* Slightly knowledgeable
* Moderately knowledgeable
* Very knowledgeable
* Extremely knowledgeable
 | * Not at all knowledgeable
* Slightly knowledgeable
* Moderately knowledgeable
* Very knowledgeable
* Extremely knowledgeable
 |

1. Please indicate your level of agreement with each of the following statements.\*

| By participating in the CDC Science Ambassador Fellowship… | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **Not applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. I gained **content** **knowledge** in epidemiology and public health topics.
 |  |  |  |  |  |  |
| 1. I have increased **confidence in my ability** to teach epidemiology and public health topics.
 |  |  |  |  |  |  |
| 1. I feel **motivated** to teach epidemiology and public health topics in my classroom during the upcoming academic year.
 |  |  |  |  |  |  |
| 1. I have increased awareness of the various types of **public health careers**.
 |  |  |  |  |  |  |
| 1. I have identified **new classroom activities** that are appropriate for my students.
 |  |  |  |  |  |  |
| 1. I had sufficient opportunities to **network** with other teachers in a meaningful way.
 |  |  |  |  |  |  |
| 1. I had sufficient time to **collaboratively work with the other teachers** to developa case study.
 |  |  |  |  |  |  |

**[Page 5]**

1. In the upcoming academic year, how do you plan to incorporate epidemiology and public health topics into your curriculum?\*
2. I plan to offer a year-long course on Epidemiology or Public Health
3. I plan to offer a semester course on Epidemiology or Public Health
4. I plan to teach one or more units on epidemiology and public health science
5. I plan to incorporate topics from epidemiology and public health science into my existing curriculum
6. I will not, but I plan to in the future
7. I will not, and I don’t plan to in the future
8. I do not currently teach
9. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. If you will not be teaching epidemiology and public health science in the upcoming school year, please tell us why. **[open-ended]**
11. In the upcoming academic year, which resource(s) do you plan on using to teach epidemiology and public health topics? Select all that apply.\*
12. CDC NERD Academy curriculum **[skip to page 7]**
13. CDC Science Ambassador Fellowship Lesson Plans **[skip to page 7]**
14. STEM at CDC website **[skip to page 7]**
15. CDC informational website **[skip to page 7]**
16. CDC datasets **[skip to page 7]**
17. Non-CDC lesson plans or websites. Please provide 1–2 examples: **[free text] [skip to page 7]**
18. None **[skip to page 7]**
19. If you attended any conferences, meetings, or professional development training sessions in the past year, please list them. **[open-ended]**

**[Page 6 – Peer Leaders]**

1. In what year did you first participate in the CDC Science Ambassador Fellowship? **[Drop down 2002 – 2023**]\*
2. Please indicate your level of agreement with the following statements.\*

| Participating in the CDC Science Ambassador Fellowship Summer Course as a Peer Leader… | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- |
| 1. … met my **professional expectations.**
 |  |  |  |  |  |
| 1. … provided me with an opportunity to **share my experience** with other teachers.
 |  |  |  |  |  |
| 1. …provided me with the opportunity to **practice my leadership skills.**
 |  |  |  |  |  |
| 1. …**motivated** me to mentor other teachers to teach epidemiology and public health topics.
 |  |  |  |  |  |
| 1. …provided me with sufficient opportunities to **network** with other teachers in a meaningful way.
 |  |  |  |  |  |

**[Page 7 – Participant Characteristics]**

1. How many years have you been teaching? Enter 0 if this is your first year teaching.\* [**whole number required**]
2. Approximately how many students did you teach or are you teaching during the 2023/2024 school year?\* **[whole number required]**
3. Which grade(s) do you currently teach? Select all that apply.\*
* Elementary (K–5)
* Middle (6–8)
* High (9–12)
* Undergraduate
* Graduate
* Other: Curriculum Development Specialist
* Other: Professional Development Provider
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Which subject area(s) do you currently teach? Select all that apply.\*
* Epidemiology or Public Health
* Life Sciences
* Health and Medical Sciences
* Other STEM courses (e.g., Physical Sciences, Earth and Space Sciences, Engineering, Technology, and Applications of Science)
* I do not currently teach
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Have you ever taught epidemiology or public health?\*
	1. Yes, as a course (e.g., Epidemiology, Public Health) **[skip to Page 8]**
	2. Yes, I have taught epidemiology and public health topics as part of another course **[skip to Page 8]**
	3. No **[skip to Page 9]**
	4. Not Sure **[skip to Page 9]**

**[Page 8 – Previous experience teaching public health]**

1. Please provide your best estimations for the following questions. Please enter 0 for the following values that are not applicable to you.\*

|  |  |
| --- | --- |
|  | Open Ended Response |
| How many students did you teach public health content to as part of your curriculum or elective course(s) in the 2023/2024 academic year? |  |
| How many instructional hours did you teach public health content each week in the 2023/2024 academic school year? |  |
| How many teachers did you share your experiences teaching public health content (e.g., at a conference or meeting) with in the 2023/2024 school year? |  |
| How many students did you coach through extracurricular clubs or programs related to public health (e.g., Science Olympiad *Disease Detectives* coach; HOSA supervisor for *Public Health* or *Epidemiology* event) in the 2023/2024 academic year? |  |

1. During the 2023/2024 school year, which resource(s) did you use to teach public health? Select all that apply.\*
* Not applicable, I did not teach public health in the past school year
* CDC NERD Academy curriculum
* CDC Science Ambassador Fellowship Educational Activities (Lesson Plans)
* STEM at CDC website
* CDC informational website
* CDC datasets
* Non-CDC lesson plans (e.g., Young Epidemiology Scholars Lesson Plans) or websites (e.g., Medical Detectives). Please provide 1–2 examples:
* None
1. How often have you shared examples of public health careers in your classroom?\*
* Never
* Rarely
* Occasionally
* A moderate amount
* A great deal

**[Page 9 – School Characteristics]**

The following questions are completely voluntary and you may choose to leave these questions blank. The CDC Science Ambassador program seeks to better understand the schools where our participants teach, including aggregated school demographic characteristics (e.g., socioeconomic status). We will use these data to improve outreach and programming. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses.

1. What is the name of the school(s) where you currently teach or work? **[open-ended]**
2. Please select the state of the school(s) where you currently teach or work:

[U.S. State Drop Down Menu + Other (please specify)]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please enter the city of the school(s) where you currently teach or work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[open-ended]**
2. In which type of school(s) do you teach or work? Select all that apply
	* Public K-12 (non-charter)
	* Private K-12 (non-charter)
	* Charter K-12
	* Public College/university
	* Private College/university
	* Not Applicable
	* Other (please specify):
3. Approximately how many total students are enrolled at your school(s)?
	1. 0-499
	2. 500-999
	3. 1000-1499
	4. 1500-1999
	5. 2000-2499
	6. 2500-2999
	7. 3000-3499
	8. 3500-3999
	9. 4000-4499
	10. 4500-4999
	11. 5000+
4. Do any of the schools where you teach or work receive Title I funds?
	* Yes
	* No
	* Not sure
	* Not applicable

**[Page 10 – Demographic Information]**The following questions are completely voluntary and you may choose to leave these questions blank. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses.

1. What is your race and/or ethnicity? Select all that apply. [**Checkboxes**]
* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Middle Eastern or North African
* Native Hawaiian or Pacific Islander
* White
1. How do you currently describe yourself? Select all that apply. [**Checkboxes**]
* Female
* Male
* Transgender
* I use a different term [**free-text**]
* Prefer Not to Answer/Decline

**[Page 11 – Additional Feedback]**

1. Please provide any additional feedback you have regarding the CDC Science Ambassador Fellowship Summer Course. **[open-ended]**

**[Custom Thank You]**

Thank you for taking the time to complete this survey. We appreciate your input and honest feedback. If you have any questions or concerns, please contact us at ELWBeval@cdc.gov.