

## **Regional Educational Laboratories (REL) Stakeholder Feedback Survey**

Please take a few minutes to provide feedback about your experience with activities created by Regional Educational Laboratory (REL) Midwest. Your responses are voluntary, will be used for program improvement purposes only, and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Education Sciences Reform Act of 2002 [ESRA 2002] [Section 9573, 20 U.S. Code]). Your responses to this survey will be aggregated to inform future REL activities.

**Activity:** **KIDS Data Use Workshop**

**Research Partnership Affiliation (if applicable):** Midwest Early Childhood Education Research Alliance

**Survey Completion Date:** \_\_\_\_\_

### **Module 2: In-person Technical Assistance Workshop, Training, or Bridge Event**

*For the questions below, please indicate the extent to which you agree or disagree with the following statements.*

*SD – I strongly disagree with this statement.*

*SA – I strongly agree with this statement.*

*D – I disagree with this statement.*

*NA – Not applicable.*

*A – I agree with this statement.*

1. The goals for the workshop or training were clearly stated at or before the beginning of the event.	SD	D	A	SA	NA
2. The structure of the workshop or training was appropriate for meeting the stated goals.	SD	D	A	SA	NA
3. The research evidence was presented clearly and provided examples or practical suggestions for implementation.	SD	D	A	SA	NA
4. The format of the workshop or training provided ample opportunity for participants to meaningfully interact with each other.	SD	D	A	SA	NA
5. The workshop or training was relevant to an issue currently facing my agency or organization.	SD	D	A	SA	NA
6. The workshop or training has increased my capacity to use research or effectively incorporate data into decision making for my agency or organization.	SD	D	A	SA	NA
7. I expect to apply or share information from the workshop or training.	SD	D	A	SA	NA
8. I would likely participate in additional workshops or trainings offered by the REL.	SD	D	A	SA	NA
9. The benefits of attending this workshop or training were worth the time I invested.	SD	D	A	SA	NA

10. What aspects of the workshop or training were most helpful and why?

11. What aspects of the workshop or training were least helpful and why?

12. What additional information, support, tools, or activities on this topic would help you apply the information to your own work?

13. What part of this workshop or training would you suggest changing to make it better for future participants?

14. As a result of the workshop or training, I plan to take the following action steps:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

15. Please list more specific areas of need or interest to your agency or organization for future REL workshops or studies:

## Respondent Information

A. Which of the following best describes your primary occupation? (Please choose only one.)

### Local Education Agency

- ☐ Teacher/Educator
- ☐ Principal/Vice-Principal
- ☐ Other school-level administrator
- ☐ Librarian
- ☐ School board member
- ☐ School district central office staff
- ☐ School superintendent/Assistant superintendent

### State Education Agency

- ☐ State-level education administrator
- ☐ State-level advisor or board member
- ☐ Other state-level staff

### State Government

- ☐ State legislator or legislative staff member

### Other

- ☐ Federal agency or program staff
- ☐ Nationwide agency, program, or TA provider
- ☐ Independent education consultant
- ☐ Community organizing / advocacy
- ☐ Staff member of an education or public policy organization
- ☐ Researcher
- ☐ Journalist, writer or reporter
- ☐ Other (*Please specify*): \_\_\_\_\_

B. In which State/Territory is your work based? \_\_\_\_\_

***Thank you for your feedback.***

## Paperwork Burden Statement

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1880-0542**. The time required to complete this information collection is estimated to average **10 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Felicia Sanders, Institute of Education Sciences, U.S. Department of Education, 550 12<sup>th</sup> Street, SW, Room 4117, Washington, D.C. 20202; [Felicia.Sanders@ed.gov](mailto:Felicia.Sanders@ed.gov).*