

OMB Control Number: 0970-0401

Expiration Date: 5/31/2027

## **New Director Academy**

### **Session / Activity Feedback Survey**

Thank you for participating in the National Center on Program Management and Fiscal Operations New Director Academy (NDA) offered by the UCLA Anderson School of Management. To help ensure the quality of our services, we ask that you complete this brief feedback survey about the sessions and / or activities offered on Day *[insert day]* of the academy. This 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: The purpose of this information collection is to gather feedback on the delivery of the New Director Academy Event to improve future delivery. Public reporting burden for this collection of information is estimated to average 3 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. 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 5/31/2027. If you have any comments on this collection of information, please contact [contact info].

# New Director Academy Evaluation – Session / Activity Feedback

*Reviewer's Note: The following questions will be customized to gather feedback regarding individual sessions/activities led by PMFO or other collaborators at the end of each day of the New Director Academy.*

The following questions are specific to content delivered by the PMFO and *[insert name of other collaborators]* through *[insert number]* distinct sessions / activities on Day *[insert day]* of the New Director Academy.

Please think about each of the sessions / activities that you participated in during *[insert day]* and select your responses. If you have not participated in a particular session or activity, please respond by selecting not applicable (NA).

## Q1. Satisfaction

| Please indicate your satisfaction with each of the following sessions / activities. | Very Satisfied        | Satisfied             | Dissatisfied          | Very Dissatisfied     | NA                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Session / activity 1  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 2  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 3  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 4  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Q2. Application

| I understand how I can apply what I learned from the following sessions to my work. | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     | NA                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Session / activity 1  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 2  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 3  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 4  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Q3. Content Level

| How would you describe the level of content presented for each session? | Too Simple            | About Right           | Too Advanced          |
|---|-----------------------|-----------------------|-----------------------|
| Session / activity 1  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 2  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 3  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Session / activity 4  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Type of Feedback

Q4. Please indicate what type of feedback you would like to provide about the Day [insert #] sessions or activities.

- I would like to provide **positive feedback** about Day [insert #].
- I would like to provide **constructive feedback** about Day [insert #].
- I would like to provide **both positive and constructive feedback** about Day [insert #].

[Q5. Will only be displayed if the answer to the Session Feedback item above is "positive" or "both".]

### Positive Feedback

Q5. Please provide your **positive feedback** about the session (s) / activities offered on Day [insert #].

[Q6. Will only be displayed if the answer to the Session Feedback item above is "constructive" or "both".]

### Constructive Feedback:

Q6. Please provide your **constructive feedback** about this session (s) / activities offered on Day [insert #].