## **Customer Satisfaction Survey 2015-16: SITE COORDINATOR**

We would appreciate your candor in providing feedback on the technical assistance that you have received from the LACOE After School Technical Assistance Unit in the current 2015-16 year. Please complete all of the questions on this survey to the best of your ability.

1. Please indicate	the type of emplo	oyer that you cu	irrently work for.	
School District				
Charter School				
City				
Community-bas	ed/non-profit organiza	ation as a GRANTI	EE	
Community-bas	ed/non-profit organiza	ation as a SUB CO	NTRACTOR	
2. Please identify	which grade leve	ls your progran	n serves. Select a	as many as apply.
Elementary Sch	ool (TK-5 and/or TK-6	3)		
K-8				
Middle School (	grades 6-8 or grades	5-8)		
High School (gra	ades 9-12)			
_	the types of techi ASTAU and then rolly.		<del>-</del>	
	., ., .,		M-4116-1	Did not participate
	Very Useful	Useful	Not Useful	or use
Training	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Mentoring (Site Coordinator Leadership/	,			
Development	$\circ$	$\circ$	$\circ$	$\circ$
Program, Peer				

Reviewer Program)	;			
Coaching (individualized support focused on specific skills to improve performance)	$\bigcirc$			0
Consultation both in person and by phone (specialized support focused on programmatic practices and identified needs)				
Participation in ASTAU special interest groups (English Learners, Data/Evaluation)	0		$\bigcirc$	0
Receipt of information and/or resources via email and/or hard copy including site coordinator newsletters	0		0	0
Participation in Local Learning Communities		$\circ$	0	$\bigcirc$
Participation in Coaching Technical Assistance Site Visits	0	0	0	
Roll out of the Quality Standards Trainer of Trainer	$\circ$	$\circ$		$\circ$

	substantial impact	moderate impact	moderate impact	little impact	It has had NO impact
	It has had a	It has had a more than	It has had a	It has had a	
5. Please rate the the ASTAU has ha work, the overall v	ad a positive i	mpact on you		_	
2					
address in <b>2015-1</b> 1	0.				
4. Please describe	_	needs that yo	u would have	liked for the	ASTAU to
Calls/Webinars on the roll out of Quality Standards and CQI	0	0		0	0
Participation in Site Coordinator Support Group					
Participation in Site Coordinator Super Saturday	$\circ$	0		0	0
Summer Trainer of Trainer (TOT) series	0	0		0	0
Roll out of					

6. Please describe how the TA you have received has impacted your work. Provide at least ONE example below.

				1.57
		,		ATT AND THE
iven vour ir	nteractions w	vith the ASTAU team t	this year, please	describe the ex
		sponsive in addressir		
I received a re	esponse in 1 bu	usiness day		
I received a re	esponse in 2 bu	usiness days		
I received a re	esponse in 3-4	business days		
		r more business days	d to vour custom	oor sorvice
lease share	any additior	r more business days nal information relate	d to your custon	ner service
lease share	any additior		d to your custon	ner service
lease share	any additior		d to your custon	ner service
lease share	any additior		d to your custon	ner service
lease share eriences in lease share	any addition 15-16. any technica		ou think you ma	ay have for 2016
lease share eriences in lease share	any addition 15-16. any technica	nal information relate	ou think you ma	ay have for 2016
lease share eriences in	any addition 15-16. any technica	nal information relate	ou think you ma	ay have for 2016
lease share eriences in lease share	any addition 15-16. any technica	nal information relate	ou think you ma	ay have for 2016
lease share eriences in lease share	any addition 15-16. any technica	nal information relate	ou think you ma	ay have for 2016
lease share eriences in lease share	any addition 15-16. any technica	nal information relate	ou think you ma	ay have for 2016

