

**IMPACT II ADAPTER
SURVEY**

Adapter Teacher Name: _____

Grant Title: _____

Developer Teacher Name: _____

Please answer the following questions regarding the IMPACT II Adapter program. Where indicated, please circle your answer using the following ranking system:

4=outstanding 3=excellent 2=good 1=fair 0=poor

1. How did you learn about the program you adapted?

1. Workshop 2. IMPACT II Catalog 3. Idea Expo 4. School Mail
5. Other Teachers 6. I'm an IMPACT II Disseminator

2. How would you rate the support you received from the Disseminator?

4 3 2 1 0

3. What assistance did you find most helpful?

1. Workshop 2. One-on-one with Disseminator 3. Peer Coaching

4. How would you rate the helpfulness of the Idea Impact?

4 3 2 1 0

Explain:

5. How would you rate the program in terms of meeting your goals?

4 3 2 1 0

Explain:

6. Will you advise other educators to adapt this program? Yes No

Explain:

7. How would you rate the IMPACT II process in terms of helping you to feel more connected with your school and other teachers?

4 3 2 1 0

Explain:

8. Is this the first time you've received an Adapter Grant? Yes No

9. Have you adapted IMPACT II programs before without applying for an Adapter grant?

Yes No

What programs did you adapt without a grant?

10. How do you feel the IMPACT II program is affecting your school? Your classroom? Yourself?

11. What do you see as the major strength of the IMPACT II Adapter program?

12. Additional comments: Please list any changes or additions that you would like to see incorporated into the IMPACT II process on the reverse side of this survey.

Mail this form to: The Education Fund at 900 NE 125 Street, Suite 110, North Miami, Florida 33161 by July 1, 2007.