

Post-SMV Reflection

Please reflect on your entire Site Monitoring Visit (SMV) experience and share your feedback using this online form. Your candid responses will help NYSED and the Technical Assistance Resource Centers (TARCs) to improve the SMV process for all subgrantees. **Please complete the form within two weeks of receiving your SMV Report.**

Your responses will be kept confidential unless you choose to identify yourself. Only group information will be shared with NYSED and the TARC teams.

1. Your role in administering the 21st CCLC program (select ALL that apply)
☐ Project Director ☐ Site Coordinator ☐ Evaluator ☐ Fiscal Manager ☐ Other (explain) _____
2. How much do you agree or disagree with each statement about the SMV? Select ONE response for each statement.

| | Strongly Disagree (1) | Disagree (2) | Neither Agree nor Disagree (3) | Agree (4) | Strongly Agree (5) | Not Applicable or Don't Know (0) |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Preparation for the SMV | | | | | | |
| The directions for documents requested for the SMV were clear and easy to understand. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| Our program was able to provide the requested documents via the TARC assigned Google Drive folder. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| Communication with the TARC reviewer about scheduling and setting the site visit agenda was clear and timely. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| The Program Walkthrough | | | | | | |
| The TARC reviewers were able to observe the program activities as intended. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| The TARC reviewers had opportunities to interact with participants and staff. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| The Document Review Session | | | | | | |
| The session provided an opportunity for our program staff to share meaningful information with the TARC reviewers. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| The TARC reviewers effectively shared their feedback about how well our program has met each of the indicators of success addressed in the SMV. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| Our program leaders had an opportunity to ask clarifying questions about any additional documentation requested by the TARCs. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| The SMV Report | | | | | | |
| The SMV Report was clear and easy to understand. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| I agree with the findings in the SMV Report. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |
| Recommendations for strengthening our practice will be useful to our program. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₀ |

over please →

3. Please describe the components of the SMV that were helpful or useful to you.
4. What are your suggestions for improving the SMV? Please consider all aspects of the SMV process.
5. Please use this space to share any additional information about the SMV and the SMV report.
6. If you would like to be contacted to discuss any aspect of the SMV, please enter your name, role in your 21st CCLC program, and your preferred contact information.

***Thank you for providing feedback about SMV.
The State team thanks you for all your efforts involved in the SMV process.***