

# LST SITE COORDINATOR FEEDBACK SURVEY



Site: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Number of Months **You** Have Been Involved with the LST Program: \_\_\_\_\_ Months

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## Year 1: Pre-Adoption of the LST Program

1. Prior to the first year of implementation, how ready (e.g., had funding, resources, commitment) was your district/school to implement LST?

<b>Minimally Ready</b>	<b>A Little Ready</b>	<b>Somewhat Ready</b>	<b>Moderately Ready</b>	<b>Very Ready</b>
1	2	3	4	5

2. How open was your district/school to new ideas?

<b>Minimally Open</b>	<b>A Little Open</b>	<b>Somewhat Open</b>	<b>Moderately Open</b>	<b>Very Open</b>
1	2	3	4	5

3. How much resistance from key parties (e.g., administrators, principals, teachers) was encountered in adopting LST?

<b>No Resistance</b>	<b>A Little Resistance</b>	<b>Some Resistance</b>	<b>Moderate Resistance</b>	<b>A Great Deal of Resistance</b>
1	2	3	4	5

4. What were the biggest challenges encountered during the LST adoption phase? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Year 2 and Year 3: Sustainability of the LST Program

1. How prepared is your site to sustain LST beyond this grant (e.g., a plan is in place, funding and resources are allocated, etc.)?

<b>Not Ready</b>	<b>A Little Ready</b>	<b>Somewhat Ready</b>	<b>Moderately Ready</b>	<b>Very Ready</b>
1	2	3	4	5

2. How supportive of LST were the administrators during this school year?

<b>Not Open</b>	<b>A Little Open</b>	<b>Somewhat Open</b>	<b>Moderately Open</b>	<b>Very Open</b>
1	2	3	4	5

3. How much resistance from teachers was encountered in implementing LST this year?

<b>No Resistance</b>	<b>A Little Resistance</b>	<b>Some Resistance</b>	<b>Moderate Resistance</b>	<b>A Great Deal of Resistance</b>
1	2	3	4	5

4. What were the biggest challenges encountered during the past year in implementing LST? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Years 1-3: Program Implementation**

Throughout the implementation process, how much have each of the following factors been an asset or a barrier to program implementation? If you mark “*significant barrier*” or “*moderate barrier*” please provide more detail regarding specific problems at the end of the section. If answering questions for multiple schools, complete using a general score across schools, but additional information that might pertain to only one school may be provided in the lines.

<b>Significant Barrier</b>	<b>Moderate Barrier</b>	<b>Neither Asset Nor Barrier</b>	<b>Moderate Asset</b>	<b>Significant Asset</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. The LST Program Overall**

- 5a. Quality of curriculum materials ----- 1 2 3 4 5
- 5b. Program flexibility----- 1 2 3 4 5
- 5c. Time/duration required to implement the program----- 1 2 3 4 5
- 5d. Ease of implementation ----- 1 2 3 4 5
- 5e. Cost of program----- 1 2 3 4 5

Additional comments regarding the LST program overall:

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**6. Organizational Characteristics of District/Schools**

- 6a. Key staff participation in planning, decision making & problem-solving----- 1 2 3 4 5
- 6b. Administrative support and leadership (moral support) ----- 1 2 3 4 5
- 6c. Open lines of communication among district, program staff and teachers----- 1 2 3 4 5
- 6d. Fit between LST and other school programs and goals----- 1 2 3 4 5
- 6e. Cohesiveness and collaboration among all key stakeholders in program----- 1 2 3 4 5
- 6f. Clarity of goals and procedures----- 1 2 3 4 5
- 6g. Clear lines of authority----- 1 2 3 4 5
- 6h. Staff stability (lack of staff turnover) ----- 1 2 3 4 5
- 6i. Program coordinator or “champion” of program----- 1 2 3 4 5
- 6j. Adequate school facilities----- 1 2 3 4 5
- 6k. Sufficient financial support for teacher training----- 1 2 3 4 5
- 6l. Sufficient resources allocated for LST materials and supplies----- 1 2 3 4 5
- 6m. Positive school climate----- 1 2 3 4 5

Additional comments regarding organizational characteristics of districts/schools:

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**7. Administrative Support (e.g., principals)**

7a. Buy-in/support of LST at district level----- 1 2 3 4 5

7b. Buy-in/support of LST at principal level----- 1 2 3 4 5

7c. Please leave blank (CU code) ----- 1 2 3 4 5

7d. Time to devote to program coordination (LST Site Coordinator) ----- 1 2 3 4 5

7e. Do you anticipate any changes in the LST Leadership Team (i.e., site coordinator, co-site coordinator, school administrators) as we prepare for the next school year?

No  Yes (Please explain)

Additional comments regarding administrative support:

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**8. Teacher Support**

8a. Buy-in/support of LST by teachers----- 1 2 3 4 5

8b. Teacher motivation to implement LST----- 1 2 3 4 5

8c. Skill proficiency of teachers (quality of delivery) ----- 1 2 3 4 5

8d. Time available for LST implementation----- 1 2 3 4 5

8e. Teachers prioritize LST----- 1 2 3 4 5

8f. Teachers meet with other teachers to discuss LST implementation ----- 1 2 3 4 5

Additional comments regarding teacher support:

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**Years 1-3: Program Implementation (continued)**

If a question is not applicable, please mark "9"

Significant Barrier	Moderate Barrier	Neither Asset Nor Barrier	Moderate Asset	Significant Asset	N/A
1	2	3	4	5	9

9 = N/A

9a. LST teacher training workshops----- 1 2 3 4 5

9b. Ability to ensure that all LST teachers attend the training----- 1 2 3 4 5

9c. Knowledgeable and supportive LST trainer----- 1 2 3 4 5

9d. Ongoing communication/technical assistance with LST ----- 1 2 3 4 5 9

9e. Sustainability training workshops and TA ----- 1 2 3 4 5 9

Additional comments regarding training and technical assistance:

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**10. Community and Parent Support**

- 10a. Communication/coordination with community agencies regarding LST and other prevention programs-----1 2 3 4 5 9
- 10b. Support of community leaders for LST-----1 2 3 4 5 9
- 10c. Support of parents for LST-----1 2 3 4 5 9
- 10d. Positive political climate -----1 2 3 4 5 9

Additional comments regarding community and parent support:

**Non-English Language Needs**

11a. Do students in the LST classes have a need for materials in a language other than English?

- No
- Yes

*You indicated that your students have a need for materials in a language other than English. Which languages?*

*How many students are negatively impacted by English-only LST resources? (Please enter your best estimate.)*

*What do you or teachers in your school(s) do to meet these students' language needs in LST or other classes?*

**Years 1-3: CU Boulder Grant Implementation Coordinator**

For this set of questions, please take into consideration your current CU Boulder grant implementation coordinator (representative at the University of Colorado). Your responses will be submitted to your site's CU Boulder supervisor directly. Your honest and constructive feedback will help us better meet sites' needs and improve your CU Boulder implementation coordinator's performance.

How would you rate your CU Boulder grant implementation coordinator in the following areas?

**12a. Provided your site with implementation support:**

- 1                      2                      3                      4                      5
- Poor                  Fair                  Good                  Very Good                  Excellent

**12b. Responsiveness to your communications:**

- 1                      2                      3                      4                      5
- Poor                  Fair                  Good                  Very Good                  Excellent

**12c. Clarity of communications:**

- 1                      2                      3                      4                      5
- Poor                  Fair                  Good                  Very Good                  Excellent

**12d. Offered feedback that contributed to the successful delivery of LST:**

- 1                      2                      3                      4                      5
- Never                  Seldom                  Sometimes                  Often                  Very Often

**12e. How can your CU Boulder grant implementation coordinator improve their support of successful delivery of LST at your site?**

**12f. Please indicate specific areas or topics that you would like feedback on to improve LST delivery at your site. Select all that apply.**

- Site Coordinator
- Administrator Buy-In
- Teacher Buy-In
- Teacher/Instructional Support
- Grant/Fidelity Guidelines
- Community Buy-In
- Other (please specify):
- No feedback requested.

**12g. Comments about your experience with your CU Boulder grant implementation coordinator:**

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**13. Please share any additional comments about your experiences with the CU Boulder LST program grant.**

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**Thank you for taking the time to complete this form,  
and for all of your contributions to the LifeSkills Training Replication Project!**

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**Please return completed form to:**

*Your CU Boulder Implementation Coordinator*  
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